

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Spartanburg Bureau of Vital Statistics

State Board of Health

Township of Green Springs

or Inc. Town of Incabau S.C.

or City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

50446

Registered No. 4

(For use of Local Registrar)

St. Union Ward 4

(2) Full Name of Child Wendell Monroe West

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>21</u> <u>16</u>
				(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jesse L. West</u>			(14) NAME BEFORE MARRIAGE <u>Thelma Adelia Robbins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Incabau S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Incabau S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg S.C.</u>			(18) BIRTHPLACE <u>No Carolina</u>	
(13) OCCUPATION <u>Machinist</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>two (2)</u>			(21) Number of children of this mother now living, including present birth <u>two (2)</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:40 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Vernon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Wellford S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 10 1916 (28) C. Vernon Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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