

(1) PLACE OF BIRTH

County of Matheson.....Township of Thomson.....Inc. Town of Wesley...

City of

Only of

(No. St. Word)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 33No. 4411Registered No. 14.3
(For use of Local Registrar)

(2) Full Name of Child

John S. S. S.

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

(3) SEX OF CHILD Boy

(4) Type or Triple

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH Dec 12 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME David S. S.(9) PRESENT POSTOFFICE OF FATHER Wesley(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Wesley(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE Bessie Johnson(16) PRESENT POSTOFFICE OF MOTHER Wesley(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 26
(Year)(19) BIRTHPLACE Wesley(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was David S. S. on the date above stated.
(Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) David S. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness David S. S.
(Signature of Witness, which can be signed when question 22 is signed by mother)(27) Date Feb 7 1924 (28) David S. S.
Registrar

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required of a child before the fifth month of pregnancy.