

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PRINT-BOOK, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

City of Charleston

(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

File No.—For State Registrar Only

568

Registration District No. 9A

Registered No. 149

(For use of Local Registrar)

(2) Full Name of Child Louise Anderson Wells

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

| | | | | |
|--------------------------------|------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>X</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>X</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan. 12</u> 19 <u>22</u> (Month) (Day) (Year) |
|--------------------------------|------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|

FATHER.

| | |
|------------------------------------------------------------------------------|---------------------------------------------------|
| (8) FULL NAME <u>James E. Roy Wells</u> | (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>63 Ashley Ave Charleston S.C.</u> | |
| (10) COLOR OR RACE <u>W</u> | |
| (12) BIRTHPLACE <u>Magnolia N.C.</u> | |
| (13) OCCUPATION <u>Salesman</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | |

MOTHER.

| | |
|----------------------------------------------------------------------------------------|---------------------------------------------------|
| (14) NAME BEFORE MARRIAGE <u>Louise Anderson</u> | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>63 Ashley Ave Charleston S.C.</u> | |
| (12) COLOR OR RACE <u>W</u> | |
| (18) BIRTHPLACE <u>Scottsburg Va</u> | |
| (19) OCCUPATION <u>Wife</u> | |
| (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)
(24) State South Carolina Physician or Midwife Dr. J. M. Green Address of Physician or Midwife 277 Calhoun

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed 2/1 1922 J. M. Green 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.

RECAP OF COLUMBIA, CAROLINA, B. C.