

(1) PLACE OF BIRTH

County of Calhoun
 Township of Can Can
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6693

Registration District No. 808Registered No. 23
 (For use of Local Registrar)

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

(2) Full Name of Child Marrian Louise Wannamaker
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 15 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Gary L. Wannamaker (14) NAME BEFORE MARRIAGE Jackie Wise
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews (15) PRESENT POSTOFFICE OF MOTHER St. Matthews
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
 (Year) (Year)
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Teaching (19) OCCUPATION House Work
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Wilson (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 22 1922 (28) J. H. Murrell 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.

Given name added from a supplementary report

(Date of)

State Registrar

Address

Filed March 1619 22W. F. Keller

Local Registrar