

(1) PLACE OF BIRTH

County of Pickens

Township of

or

Inc. Town of 1

or

City of Enslay

(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

File No.—For State Registrar Only

2241

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 27.2 Registered No. 1

(For use of Local Registrar)

(3) -BORN OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 26, 1922 (Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Robert Wyatt McLuhan(9) PRESENT POSTOFFICE OF FATHER Enslay, S. C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Police(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Nehma Reese(15) PRESENT POSTOFFICE OF MOTHER Enslay, S. C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. Wyatt, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Enslay, S. C.

Given name added from a supplemental report

(26) Witness when question 23 is signed by mark.

(27) Filed Jan. 26, 1922 (28) Dr. Wyatt 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.