

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Manningor
Inc. Town ofor
City of(No. St. Ward)
(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

29700

Registration District No. 1307 Registered No. 50
(For use of Local Registrar)

(2) Full Name of Child

George Wells

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
Yes(7) DATE OF BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Wells

(9) PRESENT POSTOFFICE OF FATHER

Manning SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

70
(Years)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Farmer

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Williams

(15) PRESENT POSTOFFICE OF MOTHER

Manning SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Housewife

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lillie Hilton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Shaw SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 13 1922

(28)

agwrit
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.