

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75038

(1) PLACE OF BIRTH

County of UnionTownship of PinebluffInc. Town of UnionCity of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4205 Registered No. 47
(For use of Local Registrar)(2) Full Name of Child Lee Ella Wesley { If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|----------------------|------------------------------|------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Aug. 20, 1916</u> (Name of Month) (Day) (Year) |
|------------------------------|----------------------|------------------------------|------------------------------------|--|

FATHER.

(8) FULL NAME Luther E. Eason(9) PRESENT POSTOFFICE OF FATHER Union S.C. Route 4(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie B. Wesley(15) PRESENT POSTOFFICE OF MOTHER Gonzville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11-15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linger Jane Wesley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gonzville S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Aug. 22 1916 (28) D. G. Gallman 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia.