

## CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Colthorn  
 County of Colthorn STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Car. Car. State Board of Health

File No.—For State Registrar Only

75916

Inc. Town of ..... Registration District No. 801 Registered No. ....  
 or  
 or  
 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 John Fuller Wise If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 2 1911  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Wise  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Lexington Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { ..... 6 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE James R. Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE Spartanburg S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { ..... 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) M. L. Brundage

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

Given name added from a supplemental report

John F. Wise 10-24-11  
 Registrar

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

(27) Filed 9-12-11 (28) T. H. Brundage 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.  
 McCay, of Columbia.