

(1) PLACE OF BIRTH

County of

Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

821

Township of

Steele

or

Inc. Town of

Steele

or

City of

SteeleRegistration District No. 1207Registered No. 1

(For use of Local Registrar)

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

(2) Full Name of Child Araron Wrekins

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Age, Parents Married?

Yes

(7) DATE OF BIRTH

Jan 5 1929

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alexander W. Wrekins

(9) PRESENT POSTOFFICE OF FATHER

Patrick SC P 1

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

19 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Lee

(15) PRESENT POSTOFFICE OF MOTHER

Patrick SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

—

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margie Campbell

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

Midwife P. Brucks &

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 13 1929(28) D. T. Brice

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.

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MAILED JAN 13 1929
 DEPT. OF HEALTH
 DIVISION OF VITAL STATISTICS
 STATE OF SOUTH CAROLINA
 COLUMBIA