

(1) PLACE OF BIRTH

County of Clarendon
 Township of Salway
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

17263

Registration District No. 1201Registered No. 25
(For use of Local Registrar)

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 Jessie Grail Wells, Jr. 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 24, 1923
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Wells
 (9) PRESENT POSTOFFICE OF FATHER Pinecroft S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline James
 (15) PRESENT POSTOFFICE OF MOTHER Pinecroft S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2(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 4 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. G. Rueland(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pinecroft S.C.

(Given name added from a supplemental report)

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

(27) Filed July 10, 1923 (28) C. S. Sigler
 Registrar 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.