

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(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

88867

Registration District No. 910

Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child... Wilmer Lee Gles

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 7, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Russie Lenore Gles

(9) PRESENT POSTOFFICE OF FATHER

Youngs Island S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Bullock Co. S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

MacCullhesmith

(15) PRESENT POSTOFFICE OF MOTHER

Youngs Island S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Bullock Co. S.C.

(19) OCCUPATION

None

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

O. S. Goodwin M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Midgett St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 30 1916

(28)

H. D. Mullen 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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WHICH RELATIVES, WITH UNPAIDING INK—THIS IS A SUPPLEMENTAL REPORT. 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.