

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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 HealthFile No.—For State Registrar Only  
**5031**Registration District No. 38<sup>th</sup> Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child Ida Koen Wesson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 23, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry Schumacher Wesson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Year)(12) BIRTHPLACE Texas(13) OCCUPATION Professor Music(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida Koen(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Year)(18) BIRTHPLACE Colorado(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Koen Wesson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 27, 1923 (28) G. J. Sloan Special 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.