

## (1) PLACE OF BIRTH

County of Laurens  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1767

Inc. TOWN of ..... Registration District No. 29 Registered No. 1  
 or ..... (For use of Local Registrar)  
 CITY of Laurens (No. Mill St. 3 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wilder Charlotte Putnam If child is not yet named, make supplemental report as directed.

(3) BOY girl (4) Twin X or Triplet? (5) Number in order of birth ..... (6) Are yes Parents Married? (7) DATE OF BIRTH Jan 4 22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Expense Putnam

(9) PRESENT POSTOFFICE OF FATHER Laurens SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Cotton mill cook

(14) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Angie Jameson

(15) PRESENT POSTOFFICE OF MOTHER Laurens SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(20) 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 Born alive at H. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Beaulieu

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

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Jan 5 1922 (28) O'Kennech 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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State of Columbia, S. C., THE OTHER, NO. 2, etc., in question 2.