

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Morgan*

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

48497

Registration District No. *1005-B*Registered No. *86*

(For use of Local Registrar)

Ward

## (2) Full Name of Child

*Wilhel*

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*2, 16, 1914*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*O.H. Wilhel*

(9) PRESENT POSTOFFICE OF FATHER

*Gaffney SC RD 3*

(10) COLOR OR RACE

*W*

(11) AGE AT LAST BIRTHDAY

*34*  
(Years)

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farmer*

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

*5*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Falson Wilson*

(15) PRESENT POSTOFFICE OF MOTHER

*Gaffney SC RD 3*

(16) COLOR OR RACE

*W*

(17) AGE AT LAST BIRTHDAY

*27*  
(Years)

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*House*

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

*5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*J. H. Shuler*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Cliffside*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *Feb 25, 1914*(28) *E. J. Samps*

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.

RECEIVED  
 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 1914  
 FEB 25  
 1914