

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lewis Fay Whitchee*(3) BOY OR
GIRL? *Boy*(4) Twin
or Triplet?(5) Number in
order of birth *2*(6) Age
at birth *10 days*(7) Date of
birth *Feb 21*(8) Place of birth *Cherokee Co. S.C.*(9) FULL
NAME*Edward M. Whitchee*(10) PRESENT
POSTOFFICE
OF FATHER*Gaffney S.C. #7*(11) COLOR
OR
RACE *white*(12) AGE AT LAST
BIRTHDAY *36*

(13) BIRTHPLACE

Cherokee Co. S.C.

(14) OCCUPATION

Farmer(15) Number of children born to
mother, including present child*1 2*(16) Number of children of this mother
now living, including present child*1 2*

(17) I hereby certify that I submitted the hands of this child, when born, to a physician or midwife, and that the child above stated

(18) Name of child when registered

(19) Signature

(20) Signature

(21) Signature

(22) Signature

(23) I hereby certify that I submitted the hands of this child, when born, to a physician or midwife, and that the child above stated