

(1) PLACE OF BIRTH
 County of Anderson
 Township of Brookway
 or
 Inc. Town of R.R.V.
 or
 City of (No. St.; Ward)
 (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
33025

Registration District No. 301 Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child John Bailey Wentzky If child is not yet named, make supplemental report as directed

3) BOY OR GIRL 4) Twin or Triplet? S 5) Number in order of birth 1 6) Are Parents Married? Y 7) DATE OF BIRTH Sept 23 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Albert Wentzky
 9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.F.D.
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 30
 (Year)
 12) BIRTHPLACE and co.
 13) OCCUPATION farmer
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Emley Webb.
 15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F.D.
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 20
 (Year)
 18) BIRTHPLACE and co.
 19) OCCUPATION farmer
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was nt. 79 M.,
 on the date above stated. (Born alive or stillborn. (Hour - M. or P. M.)

(23) (Signature) W.D. Harris
 (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 Nov 10 1922 (28) W.L. Campbell
 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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