

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 MARRIAGES, RESERVES AND BIRTHS—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Orangeburg...
 Township of Elizabeth...
 or
 Inc. Town of Registration District No. 3077 Registered No.
 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
86893

(2) Full Name of Child Wesley Staley... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 21 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John Staley</u>	(14) NAME BEFORE MARRIAGE <u>John Anthony</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Woodford H. R. 70</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodford H. R. 70</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg county</u>	(18) BIRTHPLACE <u>Sumter county</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Field Hand</u>			
20 Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sally M. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodford H.

Given name added from a supplemental report	(26) Witness <u>Dr. L. Nelson</u> (Signature of Witness necessary only when question 23 is signed by mark)
....., 191..... Registrar	(27) Filed <u>Dec 8 1916</u> (28) <u>F. H. Koepfe</u> 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.
 before the fifth month of pregnancy.