

WRITE PLAINLY, WITH UNFADING INK—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

or
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

86893

Registration District No. 3077 Registered No.

(For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Oct, 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Staley

(9) PRESENT POSTOFFICE OF FATHER Worapodt C. R. 72

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Orangeburg county

(13) OCCUPATION Farmer

20 Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE John Anthony

(15) PRESENT POSTOFFICE OF MOTHER Worapodt C. R. 72

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Sumter county

(19) OCCUPATION Field Hand

(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 born alive at 8:00 P.M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) W. L. Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Worapodt C. R. 72

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness W. L. Nelson

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

(27) Filed Dec 8, 1916 (28) F. H. Roepke 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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