

(1) PLACE OF BIRTH

County of WilliamstonTownship of Wingate

or

Inc. Town of W.

or

City of W. S.C.

(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

6017

Registration District No. 43ARegistered No. Seven
(For use of Local Registrar)(No. School St. Ward)(2) Full Name of Child Harry Lee Wingate 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Lee Wingate(9) PRESENT POSTOFFICE OF FATHER Wingate, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE St. Charles, S.C.(13) OCCUPATION (Standard Oil) Salesman.(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Jewell Brewer(15) PRESENT POSTOFFICE OF MOTHER Wingate, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Wanning, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)E. T. Kelley (23) (Signature)
M. D. was the Physician (24) State whether Physician or Midwife
(25) Address of Physician or Midwife Wingate, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 7, 1922 (28) J. H. McEachern 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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.