

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

State of South Carolina
Bureau of Vital Statistics
State Board of HealthREGISTRATION NUMBER
645

County of Cherokee

Township of Cherokee

Inc. Town of Blackburg

City of

Bureau No. 10,000,000

Registered No. 12
(For use of Local Registrar)

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

(2) Full Name of Child Ola Jewel Wyder

(3) SEX Male (4) AGE 1 (5) RACE White (6) DATE OF BIRTH Jan 23 1903

FATHER		MOTHER	
(8) FULL NAME James L. Wyder	(9) FULL NAME Julia D. Wyder		
(10) RESIDENCE Blackburg, S.C.	(11) RESIDENCE Blackburg, S.C.		
(12) COLOR White	(13) COLOR White		
(14) OCCUPATION Cherokee Co. S.	(15) OCCUPATION Domestic		
(16) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH 1	(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was... (19) Date of Birth Jan 23 1903

(20) Signature (21) State whether Physician or Midwife (22) Address of Physician or Midwife

Given name added from a supplemental report

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

(24) Filed Feb 1 1903 (25) Local Registrar

When there was no attending physician or midwife, then the father, household, 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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