

(1) PLACE OF BIRTH

County of

Township of

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

74949

Registration District No. 4108

Registered No. 10910410

(For use of Local Registrar)

(2) Full Name of Child ... Corrine Wheeler

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH

Aug. 13, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Wheeler.

(9) PRESENT POSTOFFICE OF FATHER

Osweego S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

one.

MOTHER.

(14) NAME BEFORE MARRIAGE

Selia Brunner

(15) PRESENT POSTOFFICE OF MOTHER

Osweego S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Osweego S.C.

(19) OCCUPATION

farming

(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 Aug. 13, at 10 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Nora C. Ash.

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Osweego S.C.

Given name added from a supplemental report

(26) Witness

Rebecca Brunner

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

(27) Filed

Aug. 18, 1916

(28)

Chas. E. ...

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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.