

## (1) PLACE OF BIRTH

County of

Georgetown

Township of

H. T.

or

Inc. Town of

Anderson S.C.

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18683

Registration District No. 21.03.

Registered No. 7.1  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (2) Full Name of Child

Not Named

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

3. BOY OR GIRL

Male

(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

James Wesley Whaley

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34  
(Years)

(12) BIRTHPLACE

Georgetown Conf S.C.

(13) OCCUPATION

R.H. Carpenter

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

May Helms Hyatt

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Richland Conf S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

born Jan 15 1922 at 3 P.M.  
(Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

J. W. Whaley father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15 1922

(28) J. W. Whaley  
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 due of stillbirths before the fifth month of pregnancy.

WITH UNPAID INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.