

## PLACE OF BIRTH

County of Charleston

Municipality of .....

In Town of .....

City of Charleston 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

484

105

Registration District No. .... Registered No. ....

(For use of Local Registrar)

Ward

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

(1) Full Name of Child David Ernest Wetherington(2) SEX Boy(3) Type or Triplet? X(4) Number in order of birth X(5) Are Parents Married? Yes(6) DATE OF BIRTH June 18, 23

(7) (Month of Month) (Day) (Year)

FATHER

(8) FULL NAME David Ernest Wetherington(9) RESIDENT ADDRESS 2134 Phillips St(10) CITY Charleston S.C.(11) COLOR White(12) AGE AT LAST BIRTHDAY 23

(13) (Years)

(14) BIRTHPLACE Charleston, S.C.(15) OCCUPATION Lumber business(16) Number of children born to mother, including present birth 1

(17) MOTHER

(18) NAME BEFORE MARRIAGE Anna Beatrice Brown(19) PRESENT RESIDENCE OF MOTHER Chas St(20) COLOR W.(21) AGE AT LAST BIRTHDAY 22

(22) (Years)

(23) BIRTHPLACE Blackville S.C.(24) OCCUPATION Wife(25) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(27) (Signature) Kim [illegible]

(28) State whether Physician or Midwife

(29) Address of Physician or Midwife 371 1/2 St, Chas S.C.

(30) Witness

(31) (Signature of Witness necessary only when question 28 is signed by mark)

(32) Filed 1/25/23

(33) Registrar

(34) 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.