

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Hebron
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31662

Registration District No. 3608 Registered No. 56
 (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 Lillian Mildred Wolfe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 17, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesberry Frank Wolfe

(9) PRESENT POSTOFFICE OF FATHER Meeses. S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48
 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Agnes Martin

(15) PRESENT POSTOFFICE OF MOTHER Meeses. S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.

North. 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

Sept 22, 1922

(28)

J. C. Myers
 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.

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RECORD OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.