

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of BlacksburgCity of Se. RFD #1

(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

76175

Registration District No. 1000A Registered No. 98

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 21, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Jason T. Wylie</u>	(14) NAME BEFORE MARRIAGE <u>Era Mae Blackwell</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Blacksburg RFD #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg RFD #2</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
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(12) BIRTHPLACE <u>Cherokee Co S.C.</u>	(18) BIRTHPLACE <u>Cherokee Co S.C.</u>
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(13) OCCUPATION <u>works in Electric Power plant</u>	(19) OCCUPATION <u>House wife</u>
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(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. A. D. Lott Physician

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Earl Ne

Given name added from a supplemental report

AMENDED P.1

MAR 23 1918

Registrar

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

(27) Filed Sept 25, 1916 (28) J. A. Roberts 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.