

(1) PLACE OF BIRTH

County of Chester
Township of Chester
or
Inc. Town of

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

Registration District No. 1102 Registered No. 65
(For use of Local Registrar)

No. for State Registrar Only
17133

City of (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 Wesley If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Type or Trade To be covered only in event of Trade or Trade	5) Number in order of birth	6) Sex Through Marriages <u>Y</u>	7) DATE OF BIRTH (Date of Month) <u>Jan 9</u> (Year) <u>23</u>
FATHER		MOTHER		
8) FULL NAME <u>Geo M. Crow</u>		14) NAME BEFORE MARRIAGE <u>Wesley Rainie</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Chester AFD</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Chester S. AFD</u>		
10) COLOR OR RACE <u>B</u>	11) AGE AT LAST BIRTHDAY <u>48</u> (Year)	16) COLOR OR RACE <u>B</u>	17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
12) BIRTHPLACE <u>Fairfield Co</u>		18) BIRTHPLACE <u>Fairfield Co</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>AW</u>		
20) Number of children born to mother, including present birth <u>9</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Deadly or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. H. [Signature]

(24) State whether Physician or Midwife (25) License of Physician or Midwife W. S. [Signature]

Given name added from a supplemental report

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

(27) Filed Jan 9 vs [Signature] 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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