

(1) PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of
 or
 City of

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

Registration District No. 1102

File No. - For State Registrar Only

17133Registered No. 65
(For use of Local Registrar)

(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) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH (Month) <u>Jan</u> (Day) <u>8</u> (Year) <u>23</u>
FATHER			MOTHER	
(8) FULL NAME <u>Geo M C Crum</u>			(14) NAME BEFORE MARRIAGE <u>Wesley Ramin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chester AFD</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chester S C AFD</u>	
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(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 11:00 AM on the date above stated.
 (or stillborn: (Hour) M. or P. M.)

(23) (Signature) H. B. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 1923 (28) Wesley 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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