

(1) PLACE OF BIRTH

County of DarlingtonTownship of Koger

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28143

Registration District No J705 Registered No. 57
(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 Charles Albert Wells If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Type or Triple I (5) Number in order of birth 7 (6) Age Present years (7) DATE OF BIRTH Sept. 30th 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. F. Weeks(9) PRESENT RESIDENCE OF FATHER Reevesville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer and Merchant(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Williamener Hartzog(15) PRESENT RESIDENCE OF MOTHER Reevesville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 4 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. F. Weeks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Father of Child Reevesville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct. 4th 23 (28) L. F. Weeks 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 stillborns before the fifth month of pregnancy.