

(1) PLACE OF BIRTH
County of Lexington
Township of Lexington
In Town of Lexington

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

File No.—For State Registrar Only
19395

Registration District No. 3109 Registered No. 38
(For use of Local Registrar)
City of Lexington (No. 3109 St.; 38 Ward)
If child was born in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Walter Milton Wingard If child not yet named, make supplemental report as directed

(4) Twin or Triplet? Boy (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 1922
(Name of Month) (Day) (Year)

FATHER. MOTHER.
NAME Thomas Hasell Wingard (14) NAME BEFORE MARRIAGE Annanda Rosabell Corley
RESIDENCE Lexington, S.C. (15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.
COLOR white (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Lexington, S.C. (18) BIRTHPLACE Lexington, S.C.
OCCUPATION R.F.D. Mail Carrier (19) OCCUPATION Home
Number of children born to mother including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:40 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Wingard, M.D.
(24) State whether Physician or Midwife Physician Address of Physician or Midwife Lexington, S.C.

Given name added from a supplemental report

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

(27) Filed June 28 1922 Local Registrar C. E. Day

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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