

File No.—For State Registrar Only
56066

2) Full Name of Child: John Calvin Wren If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>3rd</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>10/11/23</i>
<small>Indicate placement only in event of twins or triplets</small> (Name of Month) (Day) (Year)				

(8)	FULL NAME	James Frank Peathers	
(9)	PRESENT POSTOFFICE OF FATHER	Fountain Inn SC #3.	
(10)	COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	30
			(Years)
(12)	BIRTHPLACE	S.C.	
(13)	OCCUPATION	Farmer.	
(20)	Number of children born to mother, including present birth	3	

(14) NAME BEFORE MARRIAGE *Wm Louisa Anderson*

(15) PRESENT POSTOFFICE OF MOTHER *Fountain Inn SC. #3.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *SC.*

(19) OCCUPATION *House work*

(21) Number of children of this mother now living, including present birth { *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born at 2:35 P.M.
on the date above stated. born alive or stillborn (Hour A.M. or P.M.)

(23) (Signature) Phyllis S. S. S. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phyllis S. S. S. S. Mountain Inn S.C.

Given name added from a supplemental report

Nov 3, 1916

C. W. Miller
Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)
(27) Filed May 10 1916 (28) J. B. Dwyer
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.

(87) Filed MAY 14 1966 (88) S. H. MURPHY
Local Registrar.

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