

## (1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

or  
Inc. Town of .....or  
City of Charleston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A

File No. - For State Register Only

3178Registered No. 253

(For use of Local Registrar)

(2) Full Name of Child William Eugene Wheeler

If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Type One (5) Number in order of birth One (6) Are Twins Yes (7) DATE OF BIRTH Feb 2 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Eugene(9) PRESENT RESIDENCE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Borden(15) PRESENT RESIDENCE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:40 P. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) Martha Howard(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 52 Ash St.

Given name added from a supplementary report

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

(26) Filed 2/25/23 at Charleston S.C. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child was born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.