

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17380

County of CharlestonTownship of North Charlestonor  
Inc. Town of .....Registration District No. 1297 Registered No. .... 01 .....

(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Erwin W. Wynn If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Twin <u>-</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Is child married <u>Yes</u>	(7) DATE OF BIRTH <u>June 2, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Erwin Wynn(9) PRESENT RESIDENCE OF FATHER Charleston S.C.(10) COLOR OR RACE C. C. (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3-7

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Sherrill(15) PRESENT RESIDENCE OF MOTHER Charleston S.C.(16) COLOR OR RACE C. C. (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 0-2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alma Sherrill (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston 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 June 10 (28) 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.