

## (1) PLACE OF BIRTH

County of MarlboroTownship of Smithvilleor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Wesley Hatcher(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June, 10/1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Hatcher(9) PRESENT POSTOFFICE OF FATHER Osborne N.C.(10) COLOR White, (11) AGE AT LAST BIRTHDAY 35  
OR RACE (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth

X. 6.

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Ann Brown(15) PRESENT POSTOFFICE OF MOTHER Osborne, N.C.(16) COLOR White, (17) AGE AT LAST BIRTHDAY 38  
OR RACE (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work

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

6.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Seal(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Osborne

Given name added from a supplemental report

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

(27) Filed AUG. 26/1916 (28) W. H. Priest  
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

78340

Registration District No. 3306 Registered No. 99  
(For use of Local Registrar)

(No. St. Ward)