

MARGIN RESERVED FOR BINDING.  
 WRITE 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 2.

(1) PLACE OF BIRTH **GREENVILLE**  
 County of **Greenville**  
 Township of **Bates**  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. **2201** Registered No. **24**  
 (For use of Local Registrar)  
 St.; ..... Ward  
 (2) Full Name of Child **Edwin Wells** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Age Parents Married? **Yes** (7) DATE OF BIRTH **Apr. 23**  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME **Marion Lafayette Wells**  
 (9) PRESENT POSTOFFICE OF FATHER **Travellers Rest**  
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **19**  
 (Years)  
 (12) BIRTHPLACE **Madison N. C.**  
 (13) OCCUPATION **Farmer**  
 (20) Number of children born to mother, including present birth { **One**

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE **Ada May Stockton**  
 (15) PRESENT POSTOFFICE OF MOTHER **Travellers Rest**  
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **18**  
 (Years)  
 (18) BIRTHPLACE **Madison N. C.**  
 (19) OCCUPATION **Housekeeper**  
 (21) Number of children of this mother now living, including present birth { **1**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **Alive**, at **7:15** A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) **A. D. Stockton M. D.**  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
**not 3**  
**Edwin Wells**  
**Deputy** Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed **April 26** 1916 (28) **D. E. C. Strand** 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.  
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