

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Union  
 Inc. Town of Lyana  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21654

Registration District No. 2902Registered No. 64  
(For use of Local Registrar)(No. 2 R. T. D. 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 Effie Louise Mae Wilbault (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>July 27, 1923</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Anstell Wilbault</u>		14) NAME BEFORE MARRIAGE <u>Roxy Holder.</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Clinton S. C. R 3</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S. C. R 3</u>		
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
12) BIRTHPLACE <u>S. C.</u>		18) BIRTHPLACE <u>S. C.</u>		
13) OCCUPATION <u>Mill differ.</u>		19) OCCUPATION <u>Mill work</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Mrs Jane Wilbault(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Clinton S. C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed July 30, 1923 (28) J. H. Bailey 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.

FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.