

(1) PLACE OF BIRTH

County Shartanburg
 Township of
 or
 Town of
 or
 City of Shartanburg
 (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

No. 1A.—For State Registrar Only
22491

Registration District No. 40-a Registered No. 296
 (For use of Local Registrar)
 (No. 628 Anastin St. Wain)

(2) Full Name of Child Thomas Lee Presnell Wilder If child is not yet named, make supplemental report as directed

(1) SEX MALE (2) Type or Triple? No (3) Number in order of birth 1 (4) Are Parents Married No (5) DATE OF BIRTH July 8, 1923
 (Name of Month) (Day) (Year)

FATHER
 (1) FULL NAME Burette Presnell
 (2) PRESENT POSTOFFICE OF FATHER Asheville, N. C.
 (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 19 (Year)
 (5) BIRTHPLACE N. C.
 (6) OCCUPATION Plumber
 (7) Number of children born to mother, including present birth One

MOTHER
 (1) NAME BEFORE MARRIAGE Lady Lee Wilder
 (2) PRESENT POSTOFFICE OF MOTHER Shartanburg, S. C.
 (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 14 (Year)
 (5) BIRTHPLACE S. C.
 (6) OCCUPATION Housework
 (7) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 11:10 P. M. or P. M.)

(29) (Signature) J. E. Cudd
 (30) State whether Physician or Midwife Physician (31) Address of Phys. or Midwife Shartanburg, S. C.

Given name added from a supplemental report

 19.....
 Registrar

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
 (33) Filed 8-1-1923 (34) Local Registrar Jas. Cooper

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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