

## (1) PLACE OF BIRTH

County of WalthamTownship of Hornea Parkor  
Inc. Town of .....or  
City of .....

(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

File No.—For State Registrar Only

3058

Registration District No. 307Registered No. 21

(For use of Local Registrar)

2) Full Name of Child Jack Wulben If child is not yet named, make supplemental report as directed.(1) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 4By 2

## FATHER.

(8) FULL NAME Salmon Wulben(9) PRESENT POSTOFFICE OF FATHER Hornea Park S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

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

Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Benson(15) PRESENT POSTOFFICE OF MOTHER Hornea Park S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION farm work

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hornea Park S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) W. H. Williams (28) W. H. Williams 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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