

(1) PLACE OF BIRTH

County of Chesley
 Township of Landrum
 Inc. Town of Fort Lenoir
 City of _____

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

3374

Registration District No. 1185 Registered No. _____
 (For use of Local Registrar)

City of _____ (No. _____ 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 Roy W Wilkes If child is not yet named, make provisional report as directed

(3) SEX OF CHILD Boy (4) Time of birth 12 (5) Number in order of birth 1 (6) Age of mother 28 (7) Date of birth 2/23
 To be reported only in case of Twin or Triplet (8) (9) (10) (11) (12)

FATHER.
 (13) FULL NAME Roy W Wilkes
 (14) RESIDENT ADDRESS OF FATHER Fort Lenoir
 (15) COLOR white (16) AGE AT LAST BIRTHDAY 32
 (17) BIRTHPLACE NC
 (18) OCCUPATION Minister
 (19) Number of children born to father, including present birth 3

MOTHER.
 (20) NAME BEFORE MARRIAGE Belle Adkins
 (21) RESIDENT ADDRESS OF MOTHER Fort Lenoir
 (22) COLOR white (23) AGE AT LAST BIRTHDAY 25
 (24) BIRTHPLACE NC
 (25) OCCUPATION _____
 (26) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature) D. H. C. 194
 (29) State whether Physician or Midwife mid (30) Address of Physician or Midwife Fort Lenoir

Witness _____
 (Signature of Witness necessary only when question 27 is signed by mark)
 (31) Date Feb. 14 1928 (32) Local Registrar R. H. Fudge

When an attending physician or midwife, then the father, householder, etc., should make this return. When no attending physician or midwife, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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