

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**22653**

County of Hartman

City of Jefferson

Registration District No. 4008

Registered No. 187  
(For use of Local Registrar)

City of Jefferson (No. 187 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child John Thomas Wilber (If child is not yet named, make supplemental report as directed)

3 SEX OR MALE 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH July 2 1923

FATHER. 8 FULL NAME A. D. Wilber 14 NAME BEFORE MARRIAGE Anna Lavinia Jennings

9 PRESENT POSTOFFICE OF FATHER Hartman 15 PRESENT POSTOFFICE OF MOTHER Hartman

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 36 12 BIRTHPLACE S.C. 13 COLOR OR RACE White 14 AGE AT LAST BIRTHDAY 36

15 BIRTHPLACE S.C. 16 OCCUPATION Home

17 OCCUPATION Home 18 Number of children born to mother, including present birth Five 19 Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. 20 I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Hour A. M. or P. M.)

21 (Signature) H. M. Boyd 22 Address of Physician or Midwife Hartman S.C.

23 State whether Physician or Midwife Physician 24 Give name added from a supplemental report

25 Witness (Signature of Witness necessary only when question 23 is signed by mark) Wm. C. F. Parker 26 Filed July 7 1923 27 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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