

(1) PLACE OF BIRTH

County of Charleston
Township of James Isld
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
17004

Registration District No. 904

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child Mary Wilder

1. BOY OR GIRL? Girl
2. Twin or Triplet? No
3. Number in order of birth 1
To be answered only in event of Twins or Triplets

4. Are Parents Married? yes

7. DATE OF BIRTH June 10, 1923

FATHER.
FULL NAME

3. PRESENT POST OFFICE OF FATHER

10. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

Number of children born to mother, including present birth

FATHER.

John Wilder

James Island

Blk

11. AGE AT LAST BIRTHDAY 27

S. C.

Farmer

2

MOTHER.

14. NAME BEFORE MARRIAGE

15. PRESENT POST OFFICE OF MOTHER

1. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

Number of children of this mother, including present birth

Lela Crislow

James Island

Blk

11. AGE AT LAST BIRTHDAY 23

James Island

Housewife

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive on the date above stated

(23) (Signature) Mester Cromwell
(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife James Isld

Given name added from a supplemental report

E. P. Leggett
Registrar

(26) Witness

(27) Filed June 11, 1923 (28) R. F. Grimball
Local Registrar

If 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.