

(1) PLACE OF BIRTH

County of MarionTownship of Marionor
Inc. Town of Marionor
City of Marion(No. St.; Ward)
(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

43597

Registration District No. 32A Registered No. 176
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 20 1922
(Name of Month) (Day) (Year)FATHER (8) FULL NAME Thomas J. Wilkins (14) NAME BEFORE MARRIAGE Emily V. Wilkins(9) PRESENT POSTOFFICE OF FATHER Marion S.C. (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Year) (Year)(12) BIRTHPLACE Marion S.C. (18) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Labourer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Marion S.C. (Hour A. M. or P. M.)
on the date above stated. Martha Huggins(23) (Signature) Martha Huggins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by marker)

(27) Filed Jan 10 1923 (28) Benjamin Gomez 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.