

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Chapman  
 or  
 Inc. Town of .....

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

No. for State Registrar's Use  
**37772**

Registration District No. 4008 Registered No. 307  
 (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 Jessie Elizabeth Wilkins If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Type or Tissue X (5) Number in order of birth X (6) Age of Mother Yes (7) DATE OF BIRTH Nov. 17, 23  
 To be entered only in case of Twin or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Jessie Wilkins  
 (9) PRESENT RESIDENCE OF FATHER Chpton. S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Sub. in -  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mary Logan  
 (15) PRESENT RESIDENCE OF MOTHER Chpton. S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Housekeeper  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:00 M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(23) (Signature) J. J. Davis  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chpton. S.C.

Given name added from a supplemental report  
 .....  
 .....  
 19 .....

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Nov. 20, 28 (28) Mrs. C. F. Parker 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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