

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

Inc. Town of .....

City of .....

(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

844

Registration District No. 1.3.2 (Registered No. 11)  
(For use of Local Registrar)(2) Full Name of Child Barly Wildgo

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? -(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 13 1923

## FATHER.

(8) FULL NAME Early Wildgo(9) PRESENT POSTOFFICE OF FATHER Darlington R#1(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Farming(14) Number of children born to father, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Pettigrew(15) PRESENT POSTOFFICE OF MOTHER Darlington R#1(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Free County(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Deana Davis(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Darlington Co.

(25) Name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1923(28) E. A. Stacey  
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.

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