

(1) PLACE OF BIRTH

County of Marion
 Township of Wheeler
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3207

File No. — For State Registrar Only

43670Registered No. 40
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wilma McRae Jr. {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 Dec 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilma McRae(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Marion Co S.C.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha McRae(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Marion Co S.C.(19) OCCUPATION House wife(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 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sarah Brown(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 mark)(27) Filed Jan 2, 1923 (28) J. L. Dill
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.