

## (1) PLACE OF BIRTH

County of Frederick  
 Township of North  
 or  
 Inc. Town of North  
 or  
 City of North

## CERTIFICATE OF BIRTH

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

No. 10-17 1914

40339

Registration District No. 2014 Registered No. 5-3  
 (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 Louise If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Female</u>	(4) TIME OF BIRTH <u>10:10</u>	(5) DATE OF BIRTH <u>Dec 17 1914</u>
(6) FATHER'S NAME <u>Henry Douglas</u>	(7) MOTHER'S NAME <u>Fannie Harrison</u>	(8) FATHER'S RESIDENCE <u>Same</u>
(9) FATHER'S OCCUPATION <u>Farmer</u>	(10) MOTHER'S OCCUPATION <u>Domestic</u>	(11) FATHER'S AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Frederick Co</u>	(13) BIRTHPLACE <u>Frederick Co</u>	(14) COLOR OF CHILD <u>Colored</u>
(15) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Domestic</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(18) Number of children born to mother, including present one <u>2</u>	(19) Number of children of this mother now living, including present one <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (See A. M. or P. M.) on the date above stated.

(20) (Signature) Katie Muldrow  
 (21) State whether Physician or Midwife Midwife  
 (22) Address of Physician or Midwife Frederick Co

Name added from a supplementary report

(23) Witness (Signature of witness necessary only when question 22 is checked "Y")  
 (24) Filed Dec 20 1914

19  
 Registrar  
 If an attending physician or midwife, then the child, before the birth month of 1914, must not be reported as stillborn even once, it must not be reported as stillborn before the birth month of 1914.