

County of Greenville.....  
Township of Chickadee.....  
or  
Inc. Town of.....  
or  
City of .....

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

4095

Registration District No. 22/3 Registered No. 10  
(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 Rossie Gene Wilbanks If child is not yet named, make supplemental report as directed.

(1) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married <i>yes</i>	(6) DATE OF BIRTH <i>Jan 28, 1923</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>L.H. Wilburke</i>			(14) NAME BEFORE MARRIAGE <i>Pearl Smith</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greene R.I.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greene S.B. R.I.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)		(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>28</i> (Years)
(12) BIRTHPLACE <i>S.B.</i>			(18) BIRTHPLACE <i>S.B.</i>	
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to			(21) Number of children of this mother now living, including present birth	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(23) I hereby certify that I attended the birth of this child, who was Alfred at 1 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician: \_\_\_\_\_

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed Mar 8 1923. (28) Albert W. Reeves  
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.