

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Hill

or

Inc. Town of.....

or

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

23234

Registration District No. 3.3.01. Registered No. 1.7.....
(For use of Local Registrar)(2) Full Name of Child Marietta Wilds

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 28, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Wilds(9) PRESENT POSTOFFICE OF FATHER Blacksburg S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ellen Wilds(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Farmer Laborer(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.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Simon Beards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1922 (28) Beets Campbell
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.