

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacola
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
12104

Registration District No. 4006

Registered No. 48
 (For use of Local Registrar)

(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 Jessie Mae

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

3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
 To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 4-30-23
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Belle Wilkins

(15) PRESENT POSTOFFICE OF MOTHER Trouble, S.C.

(16) COLOR OR RACE Col.

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(17) AGE AT LAST BIRTHDAY

(Years)

20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) M. S. Wilkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife M. S. Wilkins, S.C.

Given name added from a supplemental report

(26) Witness

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

19 ..
 Registrar

(27) Filed

1943

(28)

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.