

MAILED, TELETYPE, WITH CABLE, BY AIR, IS RECOMMENDED.

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.

Caw. of Columbia

McCaw

## (1) PLACE OF BIRTH

County of Durham Co.Township of HaywoodInc. Town of CumbyCity of Cumby

(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

44768

Registration District No. 4402 Registered No. 108

(For use of Local Registrar)

(2) Full Name of Child Jonis Wilda { 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. 6, 1915  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter W. Wilda(9) PRESENT POSTOFFICE OF FATHER Haywood, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Durham Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Powell(15) PRESENT POSTOFFICE OF MOTHER Haywood, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Durham Co.(19) OCCUPATION Housewife(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 or stillborn at 2:10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lilla Hannah(24) State whether Physician or Midwife (25) Address of Physician or Midwife Haywood, S.C.

Given name added from a supplemental report

1915

Registrar

(26) Witness Weston  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 12, 1915 (28) Weston 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.

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