

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.  
 S.C. DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Durham Co.  
 Township of North  
 or  
 Inc. Town of .....  
 or  
 City of Carrboro (No. 4102)  
 (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)  
 St.; ..... Ward)

(2) Full Name of Child Jonia Wilder } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Dec. 6 1912</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Peter Wilder</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Powell</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Carrboro, N.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Carrboro, N.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Durham Co.</u>	(18) BIRTHPLACE <u>Durham Co.</u>			
(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Teacher</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

**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, M. or P. M.)

(23) (Signature) Della Hannah  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Carrboro, N.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 12 1912 (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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