

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

No. 1. — For State Registrar Only

Page 2

Registration District No. 1 A Registered No. 22
 (For use of Local Registrar)

City of Abbeville (No. 42 Maple St.; Ward) 2
 (If born in a hospital or other institution, give name of same instead of street and number.)
 Name of Child Ruth Levinie Wilkerson If child is not yet named, make supplemental report as directed (and)

Number by order of birth 2 Sex Female DATE OF BIRTH Oct 1 1923
 (Name of Month) (Day) (Year)

(1) NAME BEFORE MARRIAGE John Wilkerson
 (2) PRESENT RESIDENCE OF FATHER Abbeville, S. C.
 (10) COLOR White
 (11) BIRTHPLACE Abbeville, S. C.
 (12) OCCUPATION Housewife
 (13) Number of children of this mother now living, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Jessie Pauline Nerrel
 (15) PRESENT RESIDENCE OF MOTHER Abbeville, S. C.
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Abbeville, S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.,
 (Born alive or stillborn) (Hour M. or P. M.)
 as above stated.

(23) (Signature) O. C. Gambrell, M. D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville, S. C.
 P. M.)

Given name of child Ruth Levinie Wilkerson
 (If a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 6 1923 (28) Julius M. Callister Local Registrar

*When there is 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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