

(1) PLACE OF BIRTH

County of MecklenburgTownship of MonroshireInc. Town of Monroshire(My of Monroshire)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

22838

Registration District No. 42.0.7 Registered No. 74
(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 Sharon H. Wilson 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 July 30, 1923
(Name of Month) (Day) (Year)FATHER: Lee H. Wilson MOTHER: Paul Rochester(8) PRESENT POSTOFFICE OF FATHER Monroshire (9) PRESENT POSTOFFICE OF MOTHER Monroshire(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 25
(Year) (Year)(14) BIRTHPLACE Monroshire (15) BIRTHPLACE Monroshire(16) OCCUPATION Bookkeeper (17) OCCUPATION Teacher(18) Number of children born to mother, including present birth 12 (19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (21) 10:00 A.M. (22) Hour A. M. or P. M.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

(If name added from a supplemental report)

[Signature]2.0 1923

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

(27) Filed 8 10 23 (28) [Signature] 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 an stillbirth. No report is desired of stillbirths before the fifth month of pregnancy.