

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston

(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

32105

Registration District No. 9 ARegistered No. 1888

(For use of Local Registrar)

St. 17 Ward

(2) Full Name of Child

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

(3) BOY GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Nov. 10 1923</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME James Adges Wilder(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Lanes, S.C.(13) OCCUPATION carpenter(14) Number of children born to mother, including present birth Four

MOTHER

(14) NAME BEFORE MARRIAGE Ellen Douglas(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Hemingway, S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. B. Henderson, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is answered by mark)

(27) Filed 11/21/1923 (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.