

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Cross Keys

or

Inc. Town of S.C.

or

City of Union

(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

20390

Registration District No. 4200Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child H. S. Wilburn Jr.

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 9 1922</u> (Name of Month) (Day) (Year)
----------------------------	--	-----------------------------	------------------------------------	--

## FATHER.

8) FULL NAME Hiram Coleman Wilburn9) PRESENT POSTOFFICE OF FATHER Union S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 42 (Years)12) BIRTHPLACE Union County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Ana Stacy15) PRESENT POSTOFFICE OF MOTHER Union S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 38 (Years)18) BIRTHPLACE Gaffney S.C.19) OCCUPATION House wife21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. F. Moseley(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

M. B. Woodward, M.D.7/14/42 19 42 Registrar

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

(27) Filed 7/14/42 19 42 (28) G. F. Moseley 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MCCAB OF COLUMBIA, COLUMBIA, S. C.