

(1) PLACE OF BIRTH

County of DarlingtonTownship of North Creek

or

Inc. Town of

or

City of

(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

3810

Registration District No. 15-11 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Charles Wick

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

(3) BOY OR GIRL Boy

(4) Twin or triplet?

(5) Number in order of birth

To be entered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 2 24 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Wick(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE negr.(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Darlington Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE James Green(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE Mar.(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Thomas Green

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

181

Registrar

(25) Witness

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

(26) File No. 15-11-101-23

(27)

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.