

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Cross Anchoror  
Inc. Town of S.C.or  
City of S.C.

(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

20391

Registration District No. 4200 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child David Mobley Wilburn (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 27 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>William Wallace Wilburn</u>	14) NAME BEFORE MARRIAGE <u>Ella Inez Wilburn</u>	15) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>
9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	16) COLOR OR RACE <u>White</u>	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
12) BIRTHPLACE <u>Union S.C.</u>	18) BIRTHPLACE <u>Union S.C.</u>	18) BIRTHPLACE <u>Union S.C.</u>	
13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housewife</u>	19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>4</u>	21) Number of children of this mother now living, including present birth <u>4</u>	21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. N. Workman(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Anchor S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) E. 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 LEADING 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.