

(1) PLACE OF BIRTH

County of Christ Church
 Township of Calwell
 Inc. Town of

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

No. 10.—For this Register Only
39473

Registration District No. 120.3 Registered No. 46
 (For use of Local Registrar)

City of (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 James Thernwell Wilkerson (Not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles C. Wilkerson</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Crawford</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Patrick St Rd</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Patrick St Rd</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u>			(17) AGE AT LAST BIRTHDAY <u>34</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>18</u>			(21) Number of children of this mother now living, including present birth <u>17</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. T. Buff

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Christ Church

Given name added from a supplement-
 and report

(26) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Filed Jan. 9, 1934 (28) J. R. Davis

Registrar
 *When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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.