

(1) PLACE OF BIRTH

County of *Cherokee*Township of *White Plains*

Inc. Town of.....

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

Registration District No. *1007*Registered No. *3*
(For use of Local Registrar)(2) Full Name of Child *Mary Mae Wilkins*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *2* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *2.26.23*
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *Floyd Wilkins* (14) NAME BEFORE MARRIAGE *Ersie Lockhart*

(9) PRESENT POSTOFFICE OF FATHER *R. 4 Gaffney S. C.* (15) PRESENT POSTOFFICE OF MOTHER *R. 4 Gaffney S. C.*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24* (16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *31*
(Years) (Years)

(12) BIRTHPLACE *S. C.* (18) BIRTHPLACE *S. C.*

(13) OCCUPATION *Farming* (19) OCCUPATION *Farm hand*

(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *10-30 P.*

(23) (Signature) *Correy Dorr* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *R. 4 Gaffney S. C.*

Given name added from a supplemental report

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

(27) Filed *Mar. 4* 19 *23* (28) *Olla Brown* 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.