

(1) PLACE OF BIRTH

County of

Township of

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

42882

Registration District No. 21-A

Registered No. 125

(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child. Sherman Wilkimore

(3) BOY OR GIRL?

boy

Twin or Triplet?

No

(4) Number in order of birth

1st

(5) Are Parents Married?

yes

(6) DATE OF BIRTH

Dec 8/05

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Wilkimore

(9) PRESENT POSTOFFICE OF FATHER

Georgetown

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Georgetown

(13) OCCUPATION

Laborer

(14) Number of children born to mother, including present birth

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Jonie Sawyer

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Georgetown

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Hour A. M. or P. M.)

(23) (Signature)

Sarah White

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

20 Howard St.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 8/05

(28) 191

L. H. King

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 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 3.