

(1) PLACE OF BIRTH

County of LexingtonTownship of Orangeor
Inc. Town of

or

City of Northbrookland

(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. 313

File No.—for State Registrar Only
25345

Registered No. 81
(For use of Local Registrar)St. 1 Ward(2) Full Name of Child James E. Wise

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

(3) BOY OR GIRL Boy (4) Sex Male (5) Number in order of birth 1st (6) Age Parents Married Yes (7) DATE OF BIRTH Feb 14 1923
 (Name of Month) (Day) (Year)

FATHER(8) FULL NAME John E. Wise(9) PRESENT POSTOFFICE OF FATHER Northbrookland(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1st**MOTHER**(14) NAME BEFORE MARRIAGE Vivian Burdell(15) PRESENT POSTOFFICE OF MOTHER Northbrookland(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE NC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1st**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(21) I hereby certify that I attended the birth of this child, who was born at 11:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) W. L. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

James E. WiseDec 18 1923
Registrar

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

(26) Filed 9/1 19 23 (27) J. C. Lybrand
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.

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