

MARGIN RESERVED FOR BINDING.

WHILE PLAINLY, WITH UNFADING 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 6.

(1) PLACE OF BIRTH
 County of Gilmerwood STATE OF SOUTH CAROLINA.
 Township of Phocavit Bureau of Vital Statistics
 Inc. Town of Registration District No. 2311 State Board of Health
 or Registered No. 61
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
43144

(2) Full Name of Child L. W. Wise 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> <small>to be checked only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 23 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Lindsey Wise</u>		(14) NAME BEFORE MARRIAGE <u>Hassie Morgan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaines S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gaines S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Phocavit S.C.</u>		(18) BIRTHPLACE <u>Phocavit S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>One (1)</u>		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at Phocavit on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 8 P. M.

(23) (Signature) J. L. Wood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Pragerwood S.C.

Given name added from a supplemental report 181.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 7 1915 (28) Joseph Lake 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.

Registrar I Local Registrar.

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WRTI
M. D. McCaw, of Columbia.