

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

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

48458

Registration District No. 100073Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Raney Alvin Wilkinham

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME William Green Wilkinham(14) NAME BEFORE MARRIAGE Lela McSwain(9) PRESENT POSTOFFICE OF FATHER Kings Creek, S.C.(15) PRESENT POSTOFFICE OF MOTHER Kings Creek, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York, Co. S.C.(18) BIRTHPLACE York, Co. S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(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 Born Alive (at 11 A. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. E. D. Oates(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Kromer & Co.

Given name added from a supplemental report

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

(27) Filed Feb 19 1916 (28) J. R. Handis 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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