

Form No. 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

or

Inc. Town of Sharon

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

70839

Registration District No. 4407Registered No. 37

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —(5) Number in order of birth 1

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 24 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred. Willie Wickle.(9) PRESENT POSTOFFICE OF FATHER Sharon, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Virginia Cloud(15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Charter Co. S.C.(19) OCCUPATION Lower work(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 225 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles O. Burrows

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) July 1906

Registrar

(28)

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 for stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR DIVIDING. WHILE PRINTING, WHITE 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 5.

McGraw, of Columbia.