

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 M. 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>		STATE OF SOUTH CAROLINA		24190	
Township of <u>Philadelphina</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>1559</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child .. <u>Marris Gella Wilkes</u>				If child is not yet named, make supplemental report as directed	
(3) <u>GIRL</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>August 6, 1943</u>	
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Tilman Earl Wilkes</u>			(14) NAME BEFORE MARRIAGE <u>Marris E. Jordan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lamar S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lamar</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>42</u>			(17) AGE AT LAST BIRTHDAY <u>41</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>S. F. Parrell M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Lamar S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Sept. 15, 1943</u> (28) <u>R. J. Chaplin</u> Local Registrar.		
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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