

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

**43486**

**(1) PLACE OF BIRTH**

County of Lexington

Township of Lexington

or  
Inc. Town of .....

City of .....

Registration District No. 3104

Registered No. 29  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Davis S. Wilkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>12/22/1922</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	--	---

**FATHER.**

(8) FULL NAME Cecil B. Wilkins

(9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)

(12) BIRTHPLACE Orange Co. Fla.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE THE MOTHER. Hattie E. Gardner

(15) PRESENT POSTOFFICE OF MOTHER Batesburg, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)

(18) BIRTHPLACE Richmond Co. N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) R. M. Wilkins (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Batesburg, S.C.

Given name added from a supplemental report

See aft 7-20-23  
19  
 Registrar

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

(27) Filed Dec 31, 1922 (28) A. S. Twitt 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.

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.

RECEIVED BY COLUMBIA, S. C. DECEMBER 22, 1922. THIS IS A SUPPLEMENTAL REPORT. WHEN IN A SUPPLEMENTAL REPORT, THE REGISTRAR MUST USE A RED PENCIL OR RED INK. IN CASE OF TWIN OR TRIPLET, THE REGISTRAR MUST USE A RED PENCIL OR RED INK. IN CASE OF TWIN OR TRIPLET, THE REGISTRAR MUST USE A RED PENCIL OR RED INK. IN CASE OF TWIN OR TRIPLET, THE REGISTRAR MUST USE A RED PENCIL OR RED INK.