

(1) PLACE OF BIRTH

County of Pickens

Township of

or Inc. Town of Central

City of

(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 William Jr. Wial If child is not yet named, make supplemental report as directed

(3) SEX OR GROWTH <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>no</u>	(7) DATE OF BIRTH <u>Sept 24, 1923</u> (Name of month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Coraline Wial</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Central S.C.</u>
(10) COLOR OR RACE		(16) COLOR OR RACE	<u>negro</u>
(11) AGE AT LAST BIRTHDAY (Year)		(17) AGE AT LAST BIRTHDAY (Year)	<u>16</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Seneca</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Laundry work</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sept 24, 1923 at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Luna Knox(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

(26) Witness Luna Wial

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

(27) Filed Oct 9, 1923

(28)

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed if the child is born before the fifth month of pregnancy.