CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91542

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of .....
or
City of Columbia (No. 801 Woodrow St.; .....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38a Registered No. 1614
(For use of Local Registrar)

(2) Full Name of Child Herbert Wilkinson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? 1 (To be answered only in event of Twins or Triplets) | (5) Number in order of birth 4 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. 2, 1917 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Clifford Wilkinson
(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Wilmington, N.C.
(13) OCCUPATION Superintendent Office Building
(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Caroline Bryant.
(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Walaka, Fla.
(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 Alive (Born alive or stillborn) at 4:12 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Andrew J. McKee
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report
May 16, 1917
Registrar

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

(27) Filed 1/4 1917. (28) ..... Local Registrar.

Deputy 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.

WRITE PLAINLY, with 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.

McCaw, of Columbia