

Form No. 8

(1) PLACE OF BIRTH

County of ColletonTownship of Lowander

or

In Town of _____

or

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1407

FILE NO. For State Registrar Only

31805

Registered No. _____
(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 Julia Wiley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 23 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. A. Wiley</u>	(14) NAME BEFORE MARRIAGE <u>Wiley, Peter</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lowander</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lowander</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (years)	(18) BIRTHPLACE <u>Lowander</u>	(19) OCCUPATION <u>Farmer</u>
(10) COLOR OR RACE <u>White</u>	(20) Number of children of this mother now living, including present birth <u>1</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			
(12) BIRTHPLACE <u>Lowander</u>			
(13) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was _____
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) _____ (23) Address of Physician or Midwife _____
(24) State whether 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) Filed _____ (28) _____ Legal 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.