

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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for this Register	
County of <u>Pamunee</u>		STATE OF SOUTH CAROLINA		31788	
Township of <u>Robt. Parr.</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>21.9</u>		Registered No. <u>87</u>	
(If birth occurs in a hospital or other institution, give name of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Margery Wilson</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Crown Marked <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 2, 1923</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Viola Raytor</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pamunee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pamunee</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>S. S.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Cassie E. Shaw</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(25) Witness		
.....			(Signature of Witness necessary only when question 22 is signed by mark)		
..... 19			(27) Filed <u>Nov. 24, 1923</u>		
Registrar			(28) <u>Mrs. Raytor</u>		

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