

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24667

Registered No. 132  
(For use of Local Registrar)

Registration District No. 32

(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

Anshie Wilkes

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 22, 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Wilkes P. Paylor

(14) NAME BEFORE MARRIAGE

Jessie Tripp

(9) PRESENT POSTOFFICE OF FATHER

Plyer 86

(15) PRESENT POSTOFFICE OF MOTHER

Plyer 86

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33  
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Greenville County

(18) BIRTHPLACE

Greenville County

(13) OCCUPATION

Iron work

(19) OCCUPATION

Domestic

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

15

(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... AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed Sept 5, 1922

(28) Local Registrar

If 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.