

(1) PLACE OF BIRTH

County of *Warington*Township of *Wilmington*Inc. Town of *Wilmington*City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46006

Registration District No. *1370* Registered No.

(For use of Local Registrar)

(2) Full Name of Child *Harriet Pool* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>ya</i>	(7) DATE OF BIRTH <i>Jan 12</i>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	
FATHER.			MOTHER.	
(8) FULL NAME <i>Frank Pool</i>			(14) NAME BEFORE MARRIAGE <i>Wanda Freeman</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Went care</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Went care</i>	
(10) COLOR OR RACE <i>black</i>		(11) AGE AT LAST BIRTHDAY (Years) <i>25</i>	(16) COLOR OR RACE <i>black</i>	
(12) BIRTHPLACE <i>Went care</i>			(17) AGE AT LAST BIRTHDAY (Years) <i>22</i>	
(13) OCCUPATION <i>Farming</i>			(18) BIRTHPLACE <i>Went care</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(19) OCCUPATION <i>Farming</i>	
			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Midwife* at *Went care* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Signilia Phillips* 4:00 pm(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Went care*

Given name added from a supplemental report

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

(27) Filed *Jan 13 1916* (28) *E. A. Early* Local 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.

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