

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

9 A

Registration District No.

(No. 5 Atlantic St.; Ward)No. 35010Registered No.
(For use of Local Registrar)(2) Full Name of Child William Sherman Wilkins If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u>Boy</u>	(8) Twin or Triplet To be answered only in case of Twin or Triplet	(9) Number in order of birth <u>3rd</u>	(10) Are Twin Marked <u>yes</u>	(11) DATE OF BIRTH <u>Nov. 22, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(12) FULL NAME <u>William Sherman Wilkins</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Mary Bartel</u>	(12) FULL NAME <u>William Sherman Wilkins</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Mary Bartel</u>
(13) PRESENT POSTOFFICE OF FATHER <u>Charleston, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S. C.</u>	(13) PRESENT POSTOFFICE OF FATHER <u>Charleston, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S. C.</u>
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(18) BIRTHPLACE <u>Texas</u>	(19) BIRTHPLACE <u>Charleston, S. C.</u>	(18) BIRTHPLACE <u>Texas</u>	(19) BIRTHPLACE <u>Charleston, S. C.</u>
(20) OCCUPATION <u>Fireman</u>	(21) OCCUPATION <u>Housewife</u>	(20) OCCUPATION <u>Fireman</u>	(21) OCCUPATION <u>Housewife</u>
(22) Number of children born to mother, including present birth <u>3</u>	(23) Number of children of this mother now living, including present birth <u>3</u>	(22) Number of children born to mother, including present birth <u>3</u>	(23) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(25) (Signature) Dr. H. H. H.(26) State whether Physician or Midwife Physician(27) Address of Physician or Midwife 187 Oakton

Given name added from a supplemental report

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

(29) Filed 11/26/23 Green H. D. Registrar

*When there was no attending physician or midwife, then the father, household, 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.