

MAJIN REMOVED FROM BIRTHING.

WATER PLAIN. WITH UNPAID IN. THIS IS A PERMANENT NUMBER  
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 8.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland  
Township of Richland  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2000

No. for State Registrar Only  
4431

Registered No. 8  
(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 Laurie Wilbur, Jr.

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

(a) SEX OR GENDER MALE (b) Twin or Triplet No (c) Number in order of birth 1 (d) Age 1 (e) DATE OF BIRTH Feb 3 1928  
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME John Wilbur  
(2) PRESENT POSTOFFICE OF FATHER Richland S. C.  
(3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 36 (Year)  
(5) BIRTHPLACE Richland S. C.  
(6) OCCUPATION Dr. in or  
(7) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Wilbur  
(15) PRESENT POSTOFFICE OF MOTHER Richland S. C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Year)  
(18) BIRTHPLACE Richland S. C.  
(19) OCCUPATION Dr. in or  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Laurie Wilbur  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Richland S. C.

Given name added from a supplemental report

(25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Date Feb 10 1928 (27) Local Registrar L. J. Loney

When there was no physician or midwife, then the father, householder, etc., should make this report. If a child born dead, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.