

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shiloh
 or
 Inc. Town of
 or
 City of
 (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
66458

Registration District No. 4-107 Registered No. 64
 (For use of Local Registrar)
 (No. St.; Ward)
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Earle S. Wilder If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19 1946
 (Month of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe Wilder
 (9) PRESENT POSTOFFICE OF FATHER Mota Bridge
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Janie Furwood
 (15) PRESENT POSTOFFICE OF MOTHER Mota Bridge
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Sumter Co
 (19) OCCUPATION Housekeeping
 (20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 a.m. on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matha X Wilder
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter Co

Given name added from a supplemental report

(26) Witness Joe X Wilder
 (Signature of Witness necessary only when question 22 is signed as mark)

(27) Filed 6-28-46 (28) S. B. McElven 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.

REMARKS: RECOMMENDED BY THE BUREAU OF VITAL STATISTICS. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 2.