

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Beaufort Bridge  
 or  
 Town of Govan Se  
 or  
 City of .....

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

File No.—For State Registrar Only  
**6517**

Registration District No. 4.0.1. Registered No. .... 39....  
 (For use of Local Registrar)

St. .... Ward) (No. ....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Willie Wroton

(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 May 2 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Solomon Wroton  
 (9) PRESENT POSTOFFICE OF FATHER Govan Se  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Odum

(15) PRESENT POSTOFFICE OF MOTHER Govan Se

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24  
 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION farmer

(20) 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 born alive at 3 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Odum (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Govan Se

Given name added from a supplemental report.

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

(27) Filed 4/1/8 19 22 (28) J. E. Bennett 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.