

WRITE PLAINLY, WITH INK, IN INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH  
 County of Orangeburg S.C.  
 Township of John  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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 Rebecca Evelyn Wynn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplets Twins (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb 15 1923  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. Eva  
 (8) FULL NAME Timothy E. Wynn  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28 (Year)  
 (12) BIRTHPLACE Orangeburg Co. S.C.  
 (13) OCCUPATION Farm work

MOTHER. Doran  
 (14) NAME BEFORE MARRIAGE Rebecca Glover  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Calhoun Co. S.C.  
 (19) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 3:10 PM.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Middleton  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Filed 1923 (28) Local Registrar

(Given name added from a supplemental report) Rebecca Evelyn Wynn  
 19 ..... 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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