

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FII	
County of <u>Greenwood</u>				STATE OF SOUTH CAROLINA	
Township of.....		Bureau of Vital Statistics		Registered No.....	
or Inc. Town of.....		State Board of Health		(For use of Local Registrar)	
or City of.....		Registration District No. <u>23-a</u>		Ward.....	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)					
2. FULL NAME OF CHILD <u>Callie Mae Wilbanks</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Girl</u>	If Plural Births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>May 7</u> , 19 <u>23</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Perry Franklin Wilbanks</u>			18. Name before marriage <u>MOTHER</u> <u>Emma Martin</u>		
10. Residence (mailing address) <u>161 Jackson St. Greenwood S.C.</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>161 Jackson St. Greenwood S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>w</u>	12. Age at child's birth <u>32</u> (years)		20. Color or race <u>w</u>	21. Age at child's birth <u>30</u> (years)	
13. Birthplace (city or place) <u>Cumming Ga.</u> (State or country)			22. Birthplace (city or place) <u>Cumming Ga.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year last) engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) <u>5</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....			
Before labor.....					
During labor.....					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7</u> A.M. on the date above stated. (Born alive or stillborn)					
I certify that I instilled or had instilled in the eyes of this child at <u>7:30 A.M.</u> on above date <u>Silver nitrate</u> (Name of Prophylactic)					
Cleft Palate..... <input checked="" type="checkbox"/> Hare Lip..... <input checked="" type="checkbox"/> Other Deformities..... (Specify)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)			(Signed) <u>J. L. Ward</u> , M. D.		
Given name added from a supplementary report..... (Date of)			or..... Midwife		
Address..... <u>Greenwood S.C.</u>			Address.....		
Registrar.....			Filed <u>Mar 5, 1941</u> <u>D. M. Broadbent</u> Registrar.		