

Form No. 1

(1) PLACE OF BIRTH

County of Wichman, S.C.
 Township of Buffalo
 or
 Inc. Town of.....
 or
 City of

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

No. for State Registrar
14543

Registration District No. 2700 Registered No. 3
 (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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth you (6) Age you (7) DATE OF BIRTH March 2, 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Wilson Robert</u>	(9) NAME OF MARRIAGE <u>Married</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Wichman S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Wichman S.C.</u>
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>52</u> (Year)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>46</u> (Year)
(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Five (19)</u>	(21) Number of children of this mother now living, including present birth <u>Three (12)</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. J. Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wichman S.C.

Given name added from a supplemental report

(26) Witness W. H. Y. (Signature of Witness necessary only when question 25 is signed by midwife)

(27) Signed 1923 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.