

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Hammer  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

11864

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William W. Wyder..... If child is not yet named, make supplemental report as directed

(3) Sex of child girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH Mar 21 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Larnest W. Wyder  
 (9) PRESENT POSTOFFICE OF FATHER Post office State  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE county State  
 (13) OCCUPATION farmer  
 (14) Number of children born to mother, including present birth 3 three

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Brock  
 (15) PRESENT POSTOFFICE OF MOTHER Post office State  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Year)  
 (18) BIRTHPLACE county State  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 3 three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. M. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 20 1923. (28) A. B. Campbell 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.