

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Myrtle

or

Inc. Town of Myrtle

or

(City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2190

Registration District No. 3109 Registered No. 8

(For use of Local Registrar)

2) Full Name of Child. Richard Wilder If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 8 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Wilder(9) PRESENT POSTOFFICE OF FATHER Myrtle Hill SC(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Myrtle Hill SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Friendly(15) PRESENT POSTOFFICE OF MOTHER Myrtle Hill SC(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Myrtle Hill SC(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Myrtle Hill on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. P. Starnes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle Hill SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 9 1922 (28) H. McAdams 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.

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