

## (1) PLACE OF BIRTH

County of GreeneTownship of Whittier

Inc. Town of .....

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

Registration District No. 3501

File No.—For State Registrar Only

4720

Registered No. 4  
(For use of Local Registrar)(2) Full Name of Child James Wilbanks

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>Feb 19 1928</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Glenn Wilbanks</u>			(10) NAME BEFORE MARRIAGE <u>Bert Lundberg</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Int Rest S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Int Rest S.C.</u>	
(8) COLOR OR RACE <u>white</u>			(12) AGE AT LAST BIRTHDAY <u>48</u> (Year)	
(9) BIRTHPLACE <u>Greene</u>			(13) COLOR OR RACE <u>white</u>	
(14) OCCUPATION <u>Farmer</u>			(15) BIRTHPLACE <u>Greene S.C.</u>	
(16) OCCUPATION <u>Housewife</u>			(17) AGE AT LAST BIRTHDAY <u>41</u> (Year)	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated.(21) (Signature) Mrs. M. J. Phillips(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Int Rest S.C.

(Given name added from a supplemental report)

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

(25) Filed March 10 1928 (26) W. N. Hunt 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.