

(1) PLACE OF BIRTH

County of Union
 Township of Cross Keys
 or
 Inc. Town of S.C.
 or
 City of S.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2660

Registration District No. 220 Registered No. 1

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 18 22
 to be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arthur Wilburn(9) PRESENT POSTOFFICE OF FATHER Union County(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Union County(13) OCCUPATION Clark in Store(14) Number of children born to mother, including present birth 1.....5.....

MOTHER

(14) NAME BEFORE MARRIAGE Anna Bobo(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Union County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1.....5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. P. Ryan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

12/27/43L. A. Ryan, M.D.

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 181 (28) 4. F. Mosley 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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