

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Rich Hill  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

Registration District No. 3612

File No. — For State Registrar Only  
**16241**

Registered No. 41  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Wilhemina Wolf

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

(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 5/14 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Michael Wolf  
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Obg Co  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Wright  
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Obg Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Herbert J. Brunner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

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

(27) Filed 5/20 1922 at Branchville S.C. 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.