

PLACE OF BIRTH

City of McCormick
 County of Bolton
 or
 Town of
 or
 of

CERTIFICATE OF BIRTH

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

File No.—For State Register Only

39314

Registration District No. 4500Registered No. 144
(For use of Local Registrar)

(No. St. Ward)

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

Full Name of Child Lula Wingo (If child is not yet named, make supplemental report as directed)

(4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Nov. 10, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

NAME Bostard
 PRESENT POSTOFFICE Bolton
 COLOR B/W (11) AGE AT LAST BIRTHDAY
 RACE B/W (Years)
 BIRTHPLACE S. C.
 OCCUPATION servant

MOTHER

(14) NAME BEFORE MARRIAGE Ida Wingo
 (15) PRESENT POSTOFFICE OF MOTHER Bolton
 (16) COLOR OR RACE B/W (17) AGE AT LAST BIRTHDAY
 (18) BIRTHPLACE S. C. (Years)
 (19) OCCUPATION servant
 (21) Number of children of this mother now living, including present birth 1

Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Maggie Chesser

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 10, 1922

(28)

B. L. Mathews
Local Registrar

If 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.