

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.

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
Township of H. 9
or
Inc. Town of
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

43853

Registration District No. 3410 Registered No. 124
(For use of Local Registrar)

(2) Full Name of Child Marman Wise If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 1922
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Burman Wise</u>		(14) NAME BEFORE MARRIAGE	<u>Solar Wise</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Presporty SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Presporty SC</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>25</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>23</u> (Years)
<u>Black</u>			<u>Black</u>		
(12) BIRTHPLACE	<u>Newberry SC</u>		(18) BIRTHPLACE	<u>Newberry SC</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Young
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Presporty SC

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) W. T. Gibson 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.