

(1) PLACE OF BIRTH

County of Anderson  
Township of Lawson  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**5908**

Registration District No. .... Registered No. ....  
(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 Mrs. Matilda Wilborn  
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 Mar 5 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME E. T. Wilborn  
(9) PRESENT POSTOFFICE OF FATHER Liberty 8011  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 1 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Sola Prater  
(15) PRESENT POSTOFFICE OF MOTHER Liberty 8011  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE SC  
(19) OCCUPATION House wife  
(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 alive at 4:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Allgood  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty 8011

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 19 (28) Local Registrar  
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.