

[illegible]

(1) PLACE OF BIRTH

County of Lee
Township of Mt. Cleo
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
19324

Registration District No. 3004 Registered No. 30
(For use of Local Registrar)

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

(2) Full Name of Child Wina Mackilmon { If child is not yet named, make supplemental report as directed

2) BOY OR GIRL? *girl* 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? *yes* 7) DATE OF BIRTH: *June 12 22* 19*22*
(Month) (Day) (Year)

FATHER.

7) FULL NAME *Nero Machtalmon*

8) PRESENT POSTOFFICE OF FATHER *Bishopville S.C.*

10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *32*.....
(Years)

12) BIRTHPLACE *Lee Co*

13) OCCUPATION *Farming*

20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Helia Isaac*

(15) PRESENT POSTOFFICE OF MOTHER *Bishopville S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *Lee Co.*

(19) OCCUPATION *homemaker*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 3:00 M.,
on the date above stated. 6:10 P. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [†] Helia Jackson (Born alive or stillborn)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Newton Elmore
(Signature of Witness necessary only
when question 23 is signed by mask)

(27) Filed June 20 1922 (28) Wilton Elmore
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.