

(1) PLACE OF BIRTH

County of WakeTownship of East

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

8204

Registration District No. 3702 Registered No. 20

(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.)

(2) Full Name of Child

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

(3) SEX GIRL	(4) Twin or triplet	(5) Number in order of birth	(6) Age at birth Married?	(7) DATE OF BIRTH <u>11-12-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. W. W.(9) PRESENT POSTOFFICE OF FATHER East(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss G. G.(15) PRESENT POSTOFFICE OF MOTHER East(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE W.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. W. W.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife East

Given name added from a supplemental report

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

(27) Filed Nov. 2, 1923 (28) E. W. Wyatt 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.