

## (1) PLACE OF BIRTH

County of Wilmington  
 Township of ing  
 or  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**9450**

Registration District No. 4303

Registered No. 60  
 (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 Doegnaton Baby

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH March 19 22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME George Bortley  
 (9) PRESENT POSTOFFICE OF FATHER heming way SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE heming way SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 14

## MOTHER

(14) NAME BEFORE MARRIAGE Lizzie Bell  
 (15) PRESENT POSTOFFICE OF MOTHER not SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE heming way SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Martha Wilson, at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Wilson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 23 1922 (28) C. C. Daniel  
 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.