

W. 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.

(1) PLACE OF BIRTH

County of Flourish  
 Township of Rock Swamp  
 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

34364

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.)

(2) Full Name of Child Charles Wingate

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 10 (6) Yes Married? No (7) DATE OF BIRTH Dec 25 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wingate  
 (9) PRESENT POSTOFFICE OF FATHER Flourish S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40  
 (Year) (12) BIRTHPLACE Flourish Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Funder  
 (15) PRESENT POSTOFFICE OF MOTHER Flourish S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
 (Year) (18) BIRTHPLACE Darlington Co  
 (19) OCCUPATION Laundry  
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Adeline Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Flourish S.C.

Given name added from a supplemental report

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

19 .....  
 Registrar

(27) Filed Dec 30 22 (28) A. J. W. Baer  
 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.