

CERTIFICATE OF BIRTH

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. For Date Registered
415A

County of York
Registration District No. 9A

Registered No. 67A
On or at Local Registrar

Richardson

on 91 Church

WILKINS OF CHILD

1. Sex Boy 2. Date of Birth Jan. 16, 1923
3. Time (month, day, hour, minute) 10:15
4. Twin, triplet, or other None 5. Premature No 6. Length 19 inches
7. Weight 7 1/2 pounds 8. Color of hair Black 9. Color of eyes Blue

FATHER
10. Full maiden name William Taylor
11. Residence (usual place of abode) Cats
12. Age at last birthday 22 (Years)
13. Birthplace (city or place) SC
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Student
15. Industry or business in which engaged, as with mill, meat, bank, etc.
16. Date (month and year) last engaged in this work 19

MOTHER
17. Full maiden name Sarah Howard
18. Residence (usual place of abode) SC
(If nonresident, give place and date)
19. Color of hair Bl 20. Age at last birthday 16 (Years)
21. Birthplace (city or place) W. Va.
(State or country)
22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse
23. Industry or business in which work was done, as own home, lawyer's office, with mill, etc. In service
24. Date (month and year) last engaged in this work 19
25. Total time (years) spent in this work

26. Cause of stillbirth 2 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
27. Date of stillbirth 2 (a) Before labor (b) During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated
(Born alive or stillborn)

(Signed) M. D.
Daphne Pinehney, Midwife
Address 119 King St
Filed 9/26 1920 Carroll Prigall

(If no attending physician)
I am the father, householder,
or the mother of the child.

(Date of)