

## (1) PLACE OF BIRTH

County of FlayenceTownship of Mathsor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

28354

Registration District 2912 Registered No. 7.2  
(For use of Local Registrar)(2) Full Name of Child Jesse Taylor Wilkes If child is not yet named, make supplemental report as directed(3) SEX OR  
MALE (4) Type  
or Type (5) Number in  
order of birth (6) Year  
of birth (7) DATE OF  
BIRTH July 4, 1923  
(Month of birth) (Day) (Year)

## FATHER.

(8) FULL  
NAME Johnnie Wilkes(9) PRESENT  
RESIDENCE  
OF FATHER Coward S.C.(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 28  
(Years)(12) BIRTHPLACE  
Home(13) OCCUPATION  
Farming(14) Number of children born to  
mother, including present birth Three

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Sallie Nettles(15) PRESENT  
RESIDENCE  
OF MOTHER Coward S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 28  
(Years)(18) BIRTHPLACE  
Home(19) OCCUPATION  
House Keeping(20) Number of children of this mother  
now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on July 4, 1923  
on the date above stated. (Hour P. M. or A. M.)(22) (Signature) Martha Thompson(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Greenville, S.C.Given name added from a supplement-  
al reportAll Affiant1-12-43W. B. W.(25) Witness W. B. W.(Signature of Witness necessary only  
when question 23 is answered "No.")(26) Date 7-10-23