

(1) PLACE OF BIRTH

County of Greenwood
 Township of Fellowship
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
21343

Registration District No. 2315 Registered No. 2
 (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 Emma Dean If child is not yet named, make supplemental report as directed

(3) Sex Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother yes (7) DATE OF BIRTH Apr. 16 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wilcox Dean
 (9) PRESENT POSTOFFICE OF FATHER 96, S. C.
 (10) COLOR OR RACE negro. (11) AGE AT LAST BIRTHDAY 47
 (12) BIRTHPLACE Greenwood Co.
 (13) OCCUPATION farmer laborer
 (14) NAME BEFORE MARRIAGE Rosetta Starks
 (15) PRESENT POSTOFFICE OF MOTHER 96, S. C.
 (16) COLOR OR RACE negro. (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE Greenwood Co.
 (19) OCCUPATION homemaker
 (20) Number of children born to mother, including present birth 19
 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 15, 1923 (28) Boydell Watson
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.