

(1) PLACE OF BIRTH

County of FlamoraTownship of FlamoraInc. Town of FlamoraCity of Flamora

(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

File No.—For State Registrar Only

55886

Registration District No. 3013 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Isabel Wingate

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 1 1911</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ravenel Wingate(9) PRESENT POSTOFFICE OF FATHER Flamora(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Norlington S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Best(15) PRESENT POSTOFFICE OF MOTHER Flamora(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Flamora on the date above stated. (Born alive or stillborn) (Signer A. M. or M. M.)(23) (Signature) Isabel Wingate (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Flamora

Given name added from a supplemental report

(26) Witness J. P. Gibson (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed May 10 1911 (28) A. M. M. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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.

McClaw, of Columbia.