

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN THE 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 Yorkston  
 Township of James Island  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (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  
**613**

Registration District No. 904 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Florence Wilder If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 22  
To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Wilder  
 (9) PRESENT POSTOFFICE OF FATHER James Island  
 (10) COLOR OR RACE Wh. (11) AGE AT LAST BIRTHDAY (Years) \_\_\_\_\_  
 (12) BIRTHPLACE James Island S.C.  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Essie Gaillard  
 (15) PRESENT POSTOFFICE OF MOTHER James Island S.C.  
 (16) COLOR OR RACE Wh. (17) AGE AT LAST BIRTHDAY (Years) 38  
 (18) BIRTHPLACE James Island S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Rachel Seabrook  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Midwife James Island

Given name added from a supplemental report \_\_\_\_\_ (26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
Geo. R. Seabrook 19\_\_\_\_ (27) F. D. # Jan 29 22 (28) R. L. Grinnell 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.