

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(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? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 22
 (To be answered only in case of Twins or Triplets) (Specify 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 34 (Years)
 (12) BIRTHPLACE James Island S.C.
 (13) OCCUPATION Farm Laborer

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 34 (Years)
 (18) BIRTHPLACE James Island S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (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., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Seabrook
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or 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. K. Seabrook
Local Registrar

(27) Filed Jan 29 22 (28) R. L. Grinnell
Sub-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.