

Form No. 1

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

No. 1 — For State Registrar Only  
**20875**

PLACE OF BIRTH

County of Fairfield  
Township of #9  
Town of .....

Registration District No. 1908 Registered No. 36  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

Full Name of Child Rebecca Wideman

BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes DATE OF BIRTH July 9, 1923  
(Name of hospital) (Day) (Year)

**FATHER.**  
FULL NAME William Wideman  
PRESENT POSTOFFICE OF FATHER Wideman  
COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 25 (Year)  
BIRTHPLACE Wideman  
OCCUPATION Farmer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Bertha Hall  
(15) PRESENT POSTOFFICE OF MOTHER Wideman  
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 25 (Year)  
(18) BIRTHPLACE Wideman  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth 3

Number of children born to mother, 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 (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Dr. R. M. ...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wideman

Give name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed July 14, 1923 (28) Dr. R. 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.