

Form No. 1

## (1) PLACE OF BIRTH

County of JasperTownship of Dorchesteror  
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. 43624 For State Registrar OnlyRegistration District No. 7600Registered No. 107  
(For use of Local Registrar)

## (2) Full Name of Child

Mary Wynne{ If child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL Girl(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married Yes

(7) DATE OF

BIRTH Dec. 31 1929  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Julius Wynne(9) PRESENT  
POSTOFFICE  
OF FATHER Sheldon, S.C.(10) COLOR  
OR  
RACE Col.(11) AGE AT LAST  
BIRTHDAY 31  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to  
mother, including present birth Four

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Hattie Gadsen(15) PRESENT  
POSTOFFICE  
OF MOTHER Sheldon, S.C.(16) COLOR  
OR  
RACE Col.(17) AGE AT LAST  
BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother  
now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3-9 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hazel(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sheldon, S.C.Given name added from a supplement-  
tal report(26) Witness Mattie Green(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 12/31/29

(28)

(29) A. R. R. R.  
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.

MARGIN RESERVED FOR BINDING.

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.

McGraw-Hill, Columbia, S. C.