

1) PLACE OF BIRTH

2) PLACE OF BIRTH

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Township of Brushy Creek

City of Charlotte

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# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**19802**

Registration District No. 302

Registered No. 47  
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Wilhelmina Bernice If child is not yet named, make supplemental report as directed

(1) Sex Female (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH July 11 1923  
(Name of Month) (Day) (Year)

FATHER Thomas O'Neal MOTHER Eva  
FULL NAME

PRESENT POSTOFFICE OF FATHER Cordley SC 294 (14) NAME BEFORE MARRIAGE Eva  
(15) PRESENT POSTOFFICE OF MOTHER Cordley SC 294

COLOR OR RACE Negro (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32  
(Years) (Years)

BIRTHPLACE Breenville SC (18) BIRTHPLACE Breenville SC

OCCUPATION Farmer (19) OCCUPATION Farmer

Number of children born to mother, including present birth 1 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:50 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife 1114 SC 2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 8 1923 (28) [Signature] 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.

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