

(1) PLACE OF BIRTH

County of LarendonTownship of Plowden's Mill

or

Inc. Town of

or

City of

(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

33856

Registration District No. 1314 Registered No. 57

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Wilbur James

If child is not yet named, make supplemental report as directed

(3) BOY OR 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? <u>No</u>	(7) DATE OF BIRTH <u>Sept 15- 19 22</u> (Name of Month) (Day) (Year)
-----------------	---	------------------------------	------------------------------------	---

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Taylor(15) PRESENT POSTOFFICE OF MOTHER Alcohu, S. C. R-2(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S. C. Farm laborer(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Grace Loulin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Alcohu, S. C. R-2

Given name added from a supplemental report

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

(27) Filed Sept 29 19 22 (28) R. E. Thompson 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.