

(1) PLACE OF BIRTH

County of **Abbeville**Township of **Abbeville**

Inc. Town of

City of **Abbeville**

(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

17251

Registration District No. **1A**Registered No. **97**(For use of **3rd** Registrar)(No. **148 S. Main**)St.; **3rd** Ward)2) Full Name of Child **Frances Kathleen Wilkerson**

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 **June 17 22**
BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME **John Edgar Wilkerson**(9) PRESENT
POSTOFFICE
OF FATHER **Abbeville S.C.**(10) COLOR
OR
RACE **White**(11) AGE AT LAST
BIRTHDAY **22**
(Years)

(12) BIRTHPLACE

Bamberg, S.C.

(13) OCCUPATION

Millwork(14) Number of children born to
mother, including present birth**I**

MOTHER.

(14) NAME BEFORE
MARRIAGE **Jessie Pauline Norrell**(15) PRESENT
POSTOFFICE
OF MOTHER **Abbeville S.C.**(16) COLOR
OR
RACE **White**(17) AGE AT LAST
BIRTHDAY **17**
(Years)

(18) BIRTHPLACE

Abbeville S.C.

(19) OCCUPATION

Housewife H(20) Number of children of this mother
now living, including present birth**I**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5** **A.M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **C.C. Gambrell M.D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Abbeville S.C.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed **June 21 1922** (28) **Miss Julia McAllister**
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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N. D.—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.

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