

(1) PLACE OF BIRTH

County of Murphy Co.Township of Murphy Co.

Inc. Town of

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

91050

Registration District No. 340 Registered No. 49

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Josiah Ray Wickes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH June 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Josiah Wickes(9) PRESENT POSTOFFICE OF FATHER Prospect, N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Murphy Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Wickes(15) PRESENT POSTOFFICE OF MOTHER Prospect, N.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Murphy Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 3 9 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. S. Dismore(24) State whether Physician or Midwife (25) Address of Physician or Midwife Murphy Co.

Given name added from a supplemental report

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

(27) Filed June 10, 1916 (28) W. D. Counts 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.

Registrar

Local Registrar

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