

1) PLACE OF BIRTH

County of
 Township of
 or
 City, Town or
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

REGISTRATION DISTRICT NO. 41101

Registration District No. 41101 Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Charles Wolkman

If child is not yet named, write name here

3) SEX OR GENDER girl 4) AGE AT BIRTH 16 5) DATE OF BIRTH Dec 31 1923

FATHER.
 1) NAME Charles Wolkman
 2) PRESENT RESIDENCE OF FATHER Lugoff S.C.
 3) COLOR OR RACE colored
 4) BIRTHPLACE South Carolina
 5) OCCUPATION farmer

MOTHER.
 1) NAME Ella Brown
 2) PRESENT RESIDENCE OF MOTHER Lugoff S.C.
 3) COLOR OR RACE colored
 4) BIRTHPLACE South Carolina
 5) OCCUPATION Farmer

6) Number of children born to mother, including present birth 16 7) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)

(29) (Signature) Rebecca Hudson Lugoff (30) Since whether Physician or Midwife (31) Address of Physician or Midwife

Given name added from a supplementary report

(32) Witness Henriette Wolkman

(Signature of Witness necessary when question 28 is signed by father)

(33) Date Dec 31 1923

When there was no attending physician or midwife, then the father or mother must sign this certificate before the local Registrar.