

N. B.—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.

RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee

Township of Summerton

or Inc. Town of Gaffney

or City of S.C.

(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

Registration District No. 10A

File No.—For State Registrar Only

41453

Registered No. 268
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clyde Franklin Skinner

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Woodruff S.C.

(13) OCCUPATION Sales man

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lucile Wilder

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Woodruff S.C.

(19) OCCUPATION Home wife

(21) 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 575 H. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. G. P. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 10 1923 (28) W. F. Smith 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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