

(1) PLACE OF BIRTH

County of York
 Township of Patmire
 Inc. Town of Patmire
 City of Patmire

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

FILE NO. 5537

Registration District No. 444 Registered No. 18
 (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 Sherry Wilson If child is not yet named, make supplemental report as directed

3. <input checked="" type="checkbox"/> BOY OR GIRL	4. <input checked="" type="checkbox"/> Twin or Triplet To be answered only in case of Twins, Triplets, etc.	5. <input checked="" type="checkbox"/> Number in order of birth	6. <input checked="" type="checkbox"/> Are Parents Married	7. DATE OF BIRTH <u>2/19/23</u> (Month of Birth) (Day) (Year)
8. FATHER FULL NAME <u>Wm Mc Gist</u>		9. MOTHER FULL NAME <u>Ana Miller</u>		
10. PRESENT POSTOFFICE OF FATHER <u>Patmire</u>		11. PRESENT POSTOFFICE OF MOTHER <u>Patmire</u>		
12. COLOR OR RACE <u>W</u>	13. AGE AT LAST BIRTHDAY <u>29</u> (Years)	14. COLOR OR RACE <u>W</u>	15. AGE AT LAST BIRTHDAY <u>20</u> (Years)	
16. BIRTHPLACE <u>N B</u>		17. BIRTHPLACE <u>N B</u>		
18. OCCUPATION <u>Room Fixer</u>		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth		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 alive on the date above stated.
 (Born alive or stillborn (H. or P. M.))

(23) (Signature) Patmire

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

Given name added from a supplemental report

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

(27) Filed May 9 1923 (28) A. L. Parker 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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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 8