CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91772

(1) PLACE OF BIRTH

County of Spartanburg

Township of Beech Springs

or
Inc. Town of ..... Registration District No. 4000 Registered No. 156
(For use of Local Registrar)

or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laney Beal Wilkerson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 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? Yes

(7) DATE OF BIRTH Dec. 3 1910
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. H. Wilkerson

(9) PRESENT POSTOFFICE OF FATHER Arlington Ga

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Mill Operative

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sloanie McLeall

(15) PRESENT POSTOFFICE OF MOTHER Arlington Ga

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth } Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. E. Holcolaw

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Greer Ga

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Dec 4 1910 (28) J. C. Moore
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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