

WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 S. Caw. of Columbia.

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

(1) PLACE OF BIRTH
 County of Charleston
 Township of Alle Hill
 OR
 Inc. Town of _____ Registration District No. 1202 Registered No. 86
(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 Cora Almer Wilkerson if child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
89053

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 8, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Charlie Wilkerson</u>		(14) NAME BEFORE MARRIAGE <u>Sallie Crawford</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Patrick, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick, S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Year)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Year)</small>	
(12) BIRTHPLACE <u>Charleston Co.</u>		(18) BIRTHPLACE <u>Charleston Co.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Guff

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife
Physician Patrick, S.C.

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

(27) Filed Dec. 11, 1916 (28) J. A. Davis
 Registrar 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.