

WHITE 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.

Chas. of Columbia.

Delayed

<p align="center">CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health</p>				<p>File No.—For State Registrar Only 89053</p>	
<p>(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Alle Hill</u> Inc. Town of _____ or _____ City of _____ (No. _____ St. _____ Ward _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>Registration District No. <u>12.02</u> Registered No. <u>86</u> (For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Cora Almoner Wilkerson</u> (If child is not yet named, make supplemental report as directed)</p>					
<p>(3) BOY OR GIRL? <u>girl</u></p>		<p>(4) Twin or Triplet? _____</p>		<p>(5) Number in order of birth _____</p>	
<p>(6) Are Parents married? <u>Yes</u></p>		<p>(7) DATE OF BIRTH <u>Nov. 8</u> 191<u>6</u> (Name of Month) (Day) (Year)</p>			
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Charlie Wilkerson</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Sallie Crawford</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Patrick, S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick, S.C.</u></p>		
<p>(10) COLOR OR RACE <u>W</u></p>		<p>(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)</p>		<p>(16) COLOR OR RACE <u>W</u></p>	
<p>(12) BIRTHPLACE <u>Charleston Co.</u></p>		<p>(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)</p>		<p>(18) BIRTHPLACE <u>Charleston Co.</u></p>	
<p>(13) OCCUPATION <u>Farmer</u></p>			<p>(19) OCCUPATION <u>House work</u></p>		
<p>(20) Number of children born to mother, including present birth <u>4</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>4</u></p>		
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10:30</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>J. P. Graft</u></p>					
<p>(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Patrick, S.C.</u></p>					
<p>Given name added from a supplemental report _____ 191<u>6</u></p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____</p>		
<p>Registrar _____</p>			<p>(27) Filed <u>Dec. 11</u> 191<u>6</u> (28) <u>J. A. Davis</u> Local Registrar</p>		

*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.