

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
 Township of Huger
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42185

Registration District No. 1705Registered No. 77
(For use of Local Registrar)

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

(2) Full Name of Child Lula May Wilkin

child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2nd
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kitt Wilkin
 (9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (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 alive at 7 P.M. on the date above stated. (Hour, A.M. or P.M.)

(23) (Signature) Anna E. E. Wilkin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. C. Eberhardt
 (Signature of Witness necessary only when question 23 is signed by nurse)

(27) Filed Dec 22 (28) E. C. Eberhardt
 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.

WRITE 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.
 MCRAW OF COLUMBIA, COLUMBIA, S. C.