

(1) PLACE OF BIRTH

County of Newberry

Township of

Inc. Town of

City of Newberry

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4657

Registration District No. 34-A Registered No. 24
(For use of Local Registrar)(2) Full Name of Child Emma Julia Wilson (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

(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 19 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Refused to give(9) PRESENT POSTOFFICE OF FATHER Name of Father(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Darrie Wilson(16) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 20
(Year)(19) BIRTHPLACE Newberry S.C.(20) OCCUPATION Housework(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 8 A.M. on the date above stated.
(Hour A. M. or P. M.)(23) (Signature) Caroline X. Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C.

Give name added from a supplementary report

(26) Witness J. S. Cunningham

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

(27) Filed Feb 24 1923(28) J. S. Cunningham
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes 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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MARGIN REMOVED FOR BINDING. WHITE PLAINS, WITH INFLUENZA VIRUS—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET USE A SEPARATE MEASUREMENT CARD FOR EACH CHILD. AND MARK THE FIRST-BORN NO. 1 THE OTHER NO. 2 ETC IN QUESTION 3.