

(1) PLACE OF BIRTH

County of Lancaster
 Township of Deuster
 or
 Inc. Town of
 or
 City of Clinton
 (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
35216

Registration District No. 29B Registered No. 86
 (For use of Local Registrar)
 (No. 7 Frances St.; 6 Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Jas. Garle Wilbanks

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 8, 1922
 (Named Month) (Day) (Year)

FATHER.

(8) FULL NAME Jas. Wilbanks
 (9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Textile mill work.
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mae Hoarde
 (15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Year)
 (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 12:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. L. H. Bailey
 (24) State whether Physician or Midwife m. d. (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 8, 1922 (30) J. L. H. Bailey 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.

MARGIN RESERVED FOR INDEXING.

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.