

## (1) PLACE OF BIRTH

County of WILKINSON

Township of .....

Lar. Town of .....

City of .....

(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

24545

Registration District No. 221 Registered No. 438

(For use of Local Registrar)

(2) Full Name of Child Raymond Wilson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(to be answered only in case of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Nov 17 1923

James L. Airey Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 17 1923

(28)

C. Smith 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.