

(1) PLACE OF BIRTH

County of **Spartanburg**

Township of

or

Inc. Town of

or

City of **Spartanburg**

(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

5181

Registration District No. **1804** Registered No. **60**
(For use of Local Registrar)
343 S. Converse
City of **Spartanburg** (No. **1** Ward)(2) Full Name of Child **Dorothy Virginia Wilson** If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **One** (5) Number in order of birth **4** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb. 21, 23**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **James Oba Wilson**(9) PRESENT POSTOFFICE OF FATHER **Spartanburg S. CV**(10) COLOR **White** (11) AGE AT LAST BIRTHDAY **24**
(Years)(12) BIRTHPLACE **Spartanburg County N. C.**(13) OCCUPATION **Clerk Shoe store**(14) Number of children born to father, including present birth **4**

MOTHER.

(14) NAME BEFORE MARRIAGE **Vaggie Virginia Collins**(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg S.C.**(16) COLOR **White** (17) AGE AT LAST BIRTHDAY **23**
(Years)(18) BIRTHPLACE **Spartanburg County S.C.**(19) OCCUPATION **Housewife**(20) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **alive** at **11:45** P. M. on the date above stated. (Born **alive** or stillborn) (Hour A. M. or P. M.)(22) (Signature) **L. J. Blake**(23) State whether Physician or Midwife **Physician** (24) Address of Physician or Midwife **Spartanburg S.C.**

Given name added from a supplemental report

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

(26) Filed **2-1-23** (27) Local Registrar **Jas. Jones**

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child is even one day old, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.