

(1) PLACE OF BIRTH

County of *Lancaster*
Township of *Cedar Creek*
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

1729

Registration District No. 2802 Registered No. 4
(For use of Local Registrar)

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

(2) Full Name of Child John Lincoln Wilson If child is not yet named, make supplemental report as directed.

(3) ~~BOY-GIRL~~
GIRL

(4) **Twin or Triplet?**

(5) Number in order of birth

(8) Are Parents Married?

(7) DATE OF BIRTH

Am 3. 22

FATHER

(B) FULL NAME Rickson Williams

(3) PRESENT POSTOFFICE OF FATHER: *Winchester S.C.*

(10) COLOR OR RACE *N-114* (11) AGE AT LAST BIRTHDAY *25-*

(12) BIRTH-PLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE *Lena Bailey*

(15) PRESENT POSTOFFICE OF MOTHER *Law Carter Co*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *21*.....
(mm)

(16) BIRTHPLACE
Tennessee

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Adrian at 9:00 M.
on the date above stated March 11, 1951 (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

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

(27) FBI-4 Jan 10 1922 (3) J. A. L. Caruth

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 occurring before the fifth month of pregnancy.