

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">5466</div>	
County of <u>Windsburg</u> Township of <u>Parish</u> or Inc. Town of or City of		Registration District No. <u>4308</u>		Registered No. <u>2</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.) Ward)			
(2) Full Name of Child <u>Marie Wilson</u>		If child is not yet named, make supplemental report directed			
(3) SEX OR CHILD <u>girl</u>	(4) Type or Figure To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are twins? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 5 - 1923</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>John Wilson</u> (9) PRESENT OCCUPATION OF FATHER <u>Salter's Dept. S.</u> (10) COLOR OR RACE <u>neg 40</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (12) BIRTHPLACE <u>Windsburg co. S. C.</u> (13) OCCUPATION <u>Farm Laborer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Mary Frasier</u> (15) PRESENT OCCUPATION OF MOTHER <u>Salter's Dept. S.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>17</u> (18) BIRTHPLACE <u>Windsburg co. S. C.</u> (19) OCCUPATION <u>Farm laborer</u> (20) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (21) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> (Born alive or stillborn) (Hour <u>11 a. m.</u> or P. M.) on the date above stated. (22) (Signature) <u>Disey Traskale</u> (23) State whether Physician or Midwife <u>midwife</u> (24) Address of Physician or Midwife <u>Salter's Dept. S.</u>					
(Given name added from a supplemental report)		(25) Witness (Signature of witness necessary only when question 23 is signed by male) <u>W. R. Moseley</u> (26) Date <u>Feb 14 - 1923</u> (27) Local Registrar			

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.