Form No. 3

(1) PLACE OF BIRTH

County of Berkeley Co

Township of Pt. Jonges

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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. 19980 — For State Registrar Only

Registration District No. 700. Registered No. .....
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth 1 — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH July 20 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Wesley Wilson	(14) NAME BEFORE MARRIAGE ~~Jn~~ Rosa Miller
(9) PRESENT POSTOFFICE OF FATHER Cross S.C.	(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Berkeley Co	(18) BIRTHPLACE Berkeley Co
(13) OCCUPATION farming	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Emma Bradley

(24) State whether Physician or Midwife: Mid Wife | (25) Address of Physician or Midwife: Cross S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Aug 1 1923 [illegible] 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.