

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Cherokee
Township of Jefferson
or
Inc. Town of _____
or
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

3690

Registration District No. 1.204 Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child

William

(No. _____ St. _____ Ward _____)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 9 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Wilson

(9) PRESENT POSTOFFICE OF FATHER Jefferson SC

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 56
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Newman

(15) PRESENT POSTOFFICE OF MOTHER Jefferson SC

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 36
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 6 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph E. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jefferson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19 _____

(28) Local Registrar D. H. Blackman

*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.

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