

Form No. 1

(1) PLACE OF BIRTH

County of *Williamburg*

Township of *Surter*

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

32683

Registration District No. *4310*

Registered No. *24*  
(For use of Local Registrar)

(2) Full Name of Child *Sallie Wilson*

If child is not yet named, make supplemental report as directed

(3) *BOY OR GIRL?*

(4) *Twin or Triplet?*

(5) *Number in order of birth*

(6) *Are Parents Married?*

(7) DATE OF BIRTH *Sept 3 22*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Frederic Wilson*

(9) PRESENT POSTOFFICE OF FATHER

*Lake City SC*

(10) COLOR OR RACE *B*

(11) AGE AT LAST BIRTHDAY *24*  
(Years)

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farmer*

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

*1*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Mary Graham*

(15) PRESENT POSTOFFICE OF MOTHER

*Lake City SC*

(16) COLOR OR RACE *B*

(17) AGE AT LAST BIRTHDAY *18*  
(Years)

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*Housewife*

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

*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12* M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Elsie McLean*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*midwife Lake City SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 4 1922*

(28) *Mrs W. C. Fitch*

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 before the fifth month of pregnancy.

NOTE.—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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.