

(1) PLACE OF BIRTH

County of *Dorchester*

Township of

Inc. Town of *Dorchester*

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

41915

Registration District No. *1-3-A* Registered No. *36*

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. *Minnie Mae 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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 24, 1912* (Name of Month) (Day) (Year)

Take answered only in event of Twins or Triplets

FATHER. (8) FULL NAME *James E. Wilson* (14) NAME BEFORE MARRIAGE *Minnie Lloyd*(9) PRESENT POSTOFFICE OF FATHER *Dorchester S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Dorchester, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *50* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (Years)(12) BIRTHPLACE *South Carolina* (18) BIRTHPLACE *South Carolina*(13) OCCUPATION *Textile work* (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 *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6:30 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Julian T. Copeland* (24) State whether Physician or Midwife (25) Address of Physician or Midwife*Physician* *Dorchester S.C.*

Given name added from a supplemental report

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

(27) Filed *Jan 1 1913* (28) *E. L. Early* 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 be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.