

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10. - For State Registrar Only

30559

Registration District No. 40Registered No. 40  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name & same instead of street and number.)

(2) Full Name of Child Tom Wilson

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

3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept 7, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Lincoln H. Wilson9) PRESENT POSTOFFICE OF FATHER York S. C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 40  
(Years)12) BIRTHPLACE York Co.13) OCCUPATION Farm Hand20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Florea Crosby(15) PRESENT POSTOFFICE OF MOTHER York S. C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE York Co.(19) OCCUPATION Domestic(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 born alive at York S. C. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) Luisa Douglas(24) State whether Physician or Midwife midwife(25) Address of Phys. or Midwife York S. C.

Given name added from a supplemental report

(26) Witness Bessie Brown

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

(27) Filed Sept 12, 1923(28) Bessie Brown 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.

AS A WHEN WORKING OVER THIS, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS before the fifth month of pregnancy.