

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

FILE NO. For State Registrar Only

31804

County of WillistonTownship of Windsoror
City of _____Registration District No. 140

Registered No. _____

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. _____ St. _____ Ward _____)(2) Full Name of Child Robert Lee Wilson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) Sept 3 1923

FATHER

(8) FULL NAME Robert Lee Wilson

(9) PRESENT POSTOFFICE OF FATHER Windsor

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY (Years) 22

(12) BIRTHPLACE Windsor

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Robert Lee Wilson

(15) PRESENT POSTOFFICE OF MOTHER Windsor

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY (years) 22

(18) BIRTHPLACE Windsor

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) _____
(23) State whether Physician or Midwife _____

(24) Address of Physician or Midwife _____

Given name added from a supplemental report

(25) Witness _____

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed _____

(27) _____

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 6th month of pregnancy.