

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

5335

Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Miss Wilson

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

(3) Sex Boy	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth 2	(6) Are Parents Married Yes	(7) DATE OF BIRTH Feb 21 23. (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME
Dwi Wilson

(9) PRESENT POSTOFFICE OF FATHER
Maysville

(10) COLOR OR RACE
Col

(11) AGE AT LAST BIRTHDAY
21
(Year)

(12) BIRTHPLACE
SC

(13) OCCUPATION
Farmer

(14) Number of children born to mother, including present birth
2

MOTHER

(14) NAME BEFORE MARRIAGE
Therese Wilson

(15) PRESENT POSTOFFICE OF MOTHER
Maysville

(16) COLOR OR RACE
Col

(17) AGE AT LAST BIRTHDAY
20
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)
Susan Penner(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Maysville

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mar")

(27) Date
Feb 24 23

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MAKING SUBSTITUTIONS FOR MISSING.

WRITE PLAINLY. WITH SPACING. IN THIS IS A PERMANENT RECORD.

IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

State of Columbia, California, 6