

Form No. 1

(1) PLACE OF BIRTH

County of Franklin
 Township of Franklin
 OR
 Inc. Town of.....
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

19732

Registration District No. 16.13. Registered No. 68.
 (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 Annie Julia Wilson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl
 (4) Twin or Triplet? No
 (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 3 1922
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Annie Wilson

(9) PRESENT POSTOFFICE OF FATHER Franklin, S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Franklin, S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Lila Strickland

(16) PRESENT POSTOFFICE OF MOTHER Franklin, S.C.

(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 26 (Years)

(19) BIRTHPLACE Franklin, S.C.

(20) OCCUPATION Farm Help.

(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 7.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dinaheth Wilson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Franklin, S.C.

Given name added from a supplemental report

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

(27) Filed June 19 1922 (28) J. F. Finney Local Registrar

*When there was an stillbirth, the father, householder, etc., should make this return. If a child breathes even once, it is to be reported as stillborn. No report is desired of stillbirths.

Give the birth month of pregnancy.

THIS CERTIFICATE, WHEN FURNISHED TO THE REGISTRAR, IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED OR REWRITTEN. IT IS TO BE KEPT IN A SAFE PLACE AND MARKED AS SUCH. IT IS TO BE KEPT IN A SAFE PLACE AND MARKED AS SUCH. IT IS TO BE KEPT IN A SAFE PLACE AND MARKED AS SUCH.