

## (1) PLACE OF BIRTH

County of

Florence

Township of

or

Inc. Town of

or

City of

Florence

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

## (2) Full Name of Child

Ruth Winifred Wilson

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

(3) BOY OR GIRL

Girl

(4) Type of Birth

Normal

(5) Number in order of birth

3

(6) Is the child the result of a marriage?

Yes

(7) DATE OF BIRTH

Sept 10, 1913

(8) TIME OF BIRTH

10:15

(9) FULL NAME OF FATHER

James Raymond Wilson

(10) PRESENT POSTOFFICE OF FATHER

Florence

(11) COLOR OR RACE

W.

(12) AGE AT LAST BIRTHDAY

28

(13) BIRTHPLACE

Darlington Co.

(14) OCCUPATION

R.R. Switchman

(15) NAME OF MOTHER

Alma Lane

(16) PRESENT POSTOFFICE OF MOTHER

Florence

(17) COLOR OR RACE

W.

(18) AGE AT LAST BIRTHDAY

26

(19) BIRTHPLACE

Darlington Co.

(20) OCCUPATION

H.W.

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

3

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

3

(23) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

P. H. Rydman

(24) I hereby certify that I attended the birth of this child, who was

born alive

(25) on the date above stated.

(26) (Signature)

(27) State whether Physician or Midwife

Physician

(28) Address of Physician or Midwife

(29) Given name added from a supplemental report

(30) Witness

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

(32) Date

Sept 22, 1913

(33) P. H. Rydman

(34) When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of a child before the fifth month of pregnancy.

(35) State of South Carolina

(36) Board of Health

(37) 28252