

Form No. 1

## (1) PLACE OF BIRTH

County of *Willsburg*Township of *Permy*or  
Inc. Town of.....or  
City of.....

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

(2) Full Name of Child *Pearline Wilson*

File No.—For State Registrar Only

20472

Registration District No. *4308* Registered No. *570*

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3) BOY OR GIRL? <i>girl</i>	4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>June 1st 1922</i> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME *Willie Wilson*9) PRESENT POSTOFFICE OF FATHER *Salter's Depot, S.C.*10) COLOR OR RACE *negro* 11) AGE AT LAST BIRTHDAY *32*  
(Years)12) BIRTHPLACE *Willsburg co. S.C.*13) OCCUPATION *farmer*20) Number of children born to mother, including present birth *7*

## MOTHER.

14) NAME BEFORE MARRIAGE *Louisa Gamble*15) PRESENT POSTOFFICE OF MOTHER *Salter's Depot, S.C.*16) COLOR OR RACE *negro* 17) AGE AT LAST BIRTHDAY *24*  
(Years)18) BIRTHPLACE *Willsburg co. S.C.*19) OCCUPATION *farm laborer*21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dickey Tisdale*(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Salter's Depot, 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 5th 1922* (28) *W. B. Moseley* 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.

WATER-TIGHT, WITH READING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.