

NOTE.—In case of TWINS OR TRIPLETS, give name of each child, and mark the first-born, No. 1, the others No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of York  
 Township of Wade  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only

1689

Registration District No. 24 Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James 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 Jan 30 1922  
 (Name of Month) (Day) (Year)

FATHER

MOTHER

8. FULL NAME Glen Wilson (14) NAME BEFORE MARRIAGE Alberta Wilson

9. PRESENT POSTOFFICE OF FATHER Sugoff SC (15) PRESENT POSTOFFICE OF MOTHER Sugoff SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

12. BIRTHPLACE SC (18) BIRTHPLACE SC

13. OCCUPATION Farmer (19) OCCUPATION House wife

20. Number of children born to mother, including present birth 1 (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 born alive at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Watts (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sugoff SC

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19 Jan 30 1922 (27) Filed Jan 30 1922 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.