

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston  
Township of Doct

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

44663

Registration District No. 4006 Registered No. 139

(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 James Wilson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH Dec. 24 5  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Newton Wilson

(9) PRESENT POSTOFFICE OF FATHER Doct SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Jones

(15) PRESENT POSTOFFICE OF MOTHER Doct

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House Wife

(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 B. alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Newton Wilson (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

Dec 6th 5  
M. W. Brown  
Registrar

(25) Witness B. H. Boyd  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 31 5 (28) M. W. Brown  
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.