

(1) PLACE OF BIRTH

County of CharlestonTownship of Mount Pleasant, S. C.or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45626

Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Sallie Wilson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are married Parents Married?(7) DATE OF BIRTH July 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Wilson(9) PRESENT POSTOFFICE OF FATHER Mount Pleasant, S. C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Mount Pleasant, S. C.(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Rouse(15) PRESENT POSTOFFICE OF MOTHER Mount Pleasant, S. C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Mount Pleasant, S. C.(19) OCCUPATION Washer(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 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pender H. Johnson(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Mount Pleasant, S. C.

Given name added from a supplemental report

(25) Witness Geo W Roberts
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 19 1916 (28) Geo W Roberts 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 INDEXING.
 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.
 S. C. of Columbia