

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Indian Creek
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

75223

Registration District No. 440.8 Registered No. 47
(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 Unnamed Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH. <u>Aug 9</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ireal Wilson
(9) PRESENT POSTOFFICE OF FATHER Sharon S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 9

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Dyc
(15) PRESENT POSTOFFICE OF MOTHER Sharon S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE York Co. S.C.
(19) OCCUPATION Horsekeeping
(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles O. Burruss M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon 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 Aug 16, 1916. (28) J. E. McAliley 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.