

## (1) PLACE OF BIRTH

County of HambergTownship of Hamberg

or Inc. Town of .....

or City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9407

File No.—For State Registrar Only

4690

Registered No. 7

(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 Johnnie Wilson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 3 1923 (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>John Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Jessie L. Fiddle</u>		(10) PRESENT POSTOFFICE OF FATHER <u>Hamberg S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Hamberg S.C.</u>	
(10) COLOR OR RACE <u>Leah</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(10) COLOR OR RACE <u>Leah</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(12) BIRTHPLACE <u>S.C.</u>		
(12) OCCUPATION <u>Farmers</u>			(12) OCCUPATION <u>Farmers</u>		
(13) Number of children born to mother, including present birth <u>One</u>			(13) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Johnnie Wilson at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jessie Wilson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamberg S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 3 1923 (28) Local Registrar J. L. Hollings

\*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.