

(1) PLACE OF BIRTH

County of ClarendonTownship of Manning

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17272

Registration District No. 13.97Registered No. 21
(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 Charlie Wilson Jr.

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 21 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Wilson Sr.(9) PRESENT POSTOFFICE OF FATHER Manning S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Wilson(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at VP M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amelia Lawrence(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Manning 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 June 30, 1923 (28) A. J. White 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.