

THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia, S.C. (No. Colonel Heights St.; Ward)
(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
31963

Registration District No. 35c Registered No. 276
(For use of Local Registrar)

(2) Full Name of Child John Wilson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 27, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Iseal T. Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Daisy Kinslow</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Kershaw County</u>			(18) BIRTHPLACE <u>Orangeburg</u>	
(13) OCCUPATION <u>Auto Repairing</u>			(19) OCCUPATION <u>House Keeping</u>	
(20) Number of children born to mother, including present birth <u>three</u>			(21) Number of children of this mother now living, including present birth <u>three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Perry, Colonel Heights
(24) State whether Physician or Midwife Midwife, R. 3 box 33, O.H. Colonel Heights
(25) Address of Physician or Midwife

Given name added from a supplemental report
John Wilson

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 5, 1922 (28) 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.

SEAL OF THE CENSUS STATE FILM