(1) PLACE OF BIRTH

County of Lee

Township of Bradley

or Inc. Town of Ar

or 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

4465

Registration District No. 3004 Registered No. 8

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child John Wilson

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in case of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH May 6 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Wilson

(9) PRESENT POSTOFFICE OF FATHER Elliott

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Florence

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lee Ard

(15) PRESENT POSTOFFICE OF MOTHER Elliott

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Florence

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Lee Wilson Brunson Wife of Will Brunson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Box 7 Feb 23

Given name added from a supplemental report

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

Feb 10 23 Newton Johnson Local Registrar.

Law of Columbia

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as born. No report is desired of stillbirths before the seventh month of pregnancy.

If a child breathes ... reported as stillborn. No report is desired of stillbirths before the seventh month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1, THE OTHERS No. 2, etc., in question 5.