

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Williamsburg

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of

Monrovia

State Board of Health

Inc. Town of

Registration District No. 4300

Registered No. 26

(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

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

no

(7) DATE OF BIRTH

March 22, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Macle Wilson

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Williamsburg Co. S.C.

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Vernie Carter

(15) PRESENT POSTOFFICE OF MOTHER

Cades S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Williamsburg Co. S.C.

(19) OCCUPATION

House work

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Wheeler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cades S.C.

Given name added from a supplemental report

(26) Witness

M. R. D. Baker

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

(27) Filed

April 1916

(28)

J. T. Finney

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN N. No. 1, THE OTHER N. No. 2, ETC., IN QUESTION 3. McCaw, of Columbia.