

(1) PLACE OF BIRTH

County of York
 Township of
 or
 City of York
 (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

No. 3809C
 (For use of Local Registrar)

Registration District No. 4406 Registered No. 93
 (For use of Local Registrar)

(2) Full Name of Child William David Wilson (No. St. Ward) (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet <u>0</u>	(5) Number in order of birth <u>0</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 22 1923</u> (Month of Birth) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Thomas Curtis Wilson</u>		(14) NAME BEFORE MARRIAGE <u>Lula Wright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ft. Mearns</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ft. Mearns</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(11) BIRTHPLACE <u>Ft. Mearns</u>		(18) BIRTHPLACE <u>Georgetown S.C.</u>		
(12) OCCUPATION <u>Marine Corps</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Month of Birth) (Year)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ft. Mearns

Given name added from a supplement-
 tal report

M. B. Woodward
Sept 25 1923
 Registrar

(26) Witness (Signature of Witness necessary only
 when question 25 is signed by mark)
 (27) Filed 12-13-23 (28) A. L. Parker
 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.

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