

Form No. 1

(1) PLACE OF BIRTH

County of OconeeTownship of Lyons

Inc. Town of

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

80451

Registration District No. 8021 Registered No. 146

(For use of Local Registrar)

(2) Full Name of Child

Sarah Jane Wilson

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

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 14 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lucius A. Wilson

(9) PRESENT POSTOFFICE OF FATHER

Cameron, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

St. Matthews

(13) OCCUPATION

Fanner

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lies Jane Richensbee

(15) PRESENT POSTOFFICE OF MOTHER

Cameron

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Cameron

(19) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10 00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. J. Seaver

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianEllmore S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Oct 20 1915

(28)

W. S. Keller

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.

MARGIN RESERVED FOR FINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Gave of Columbia