

Form No. 1.

(1) PLACE OF BIRTH

County of J. Laramie
Township of Barnard

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42863

Registration District No. 2014 Registered No. 60
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No.) SL; Ward)

(2) Full Name of Child Annice Dell Wilson

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 26</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Daniel Wilson

(9) PRESENT POSTOFFICE OF FATHER Barnard

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Pharance

(13) OCCUPATION

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattha Wilson

(15) PRESENT POSTOFFICE OF MOTHER Barnard

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Barnard

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 p
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattha Wilson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Which Works Edinburg, 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 Dec 5 191..... (28) A.C. Hill
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 ENDING.
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.
McCauley, of Columbia.