

Form No. 1

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
50703

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Lane
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4305 Registered No. 10
 (For use of Local Registrar.)
 St.; Ward)

(2) Full Name of Child Laura 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 4 (6) Are yes Parents Married? (7) DATE OF BIRTH Feb. 24th 6
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Winfield Wilson
 (9) PRESENT POSTOFFICE OF FATHER Lane S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Williamsburg co. S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Mc Donald
 (15) PRESENT POSTOFFICE OF MOTHER Lane, S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Williamsburg co. S. C.
 (19) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 4
 (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 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jarvis Parson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lane S. C.

Given name added from a supplemental report

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

(27) Filed Feb. 25th 1916 (28) Albert B. Moseley
 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.

MAKING RECORDS FOR BIRTHS.
 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.