

(1) PLACE OF BIRTH

County of Greenwood  
Township of Greenwood  
or  
Inc. Town of Greenwood  
or  
City of Greenwood  
(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  
**64641**

Registration District No. 23 D. 6 Registered No. 79  
(For use of Local Registrar)

(2) Full Name of Child. Lester Lafayette Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? male (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June 5 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME L Leon Wilson  
(9) PRESENT POSTOFFICE OF FATHER Greenwood  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Elberton Co. Georgia  
(13) OCCUPATION Mill Employee  
(20) Number of children born to mother, including present birth 1st

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mamie Whitcotton  
(15) PRESENT POSTOFFICE OF MOTHER Greenwood  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Elberton County Ga  
(19) OCCUPATION Mill Employee  
(21) Number of children of this mother now living, including present birth 1st

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Mark A. M. or L. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood, SC

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 July 10 1916 (28) [Signature] 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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WHEN PRESENTLY WITH SINGLING INFORMATION IN A REGISTRATION 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 2.