

N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spokane</u>		STATE OF SOUTH CAROLINA		20131	
Bureau of Vital Statistics		State Board of Health			
Township of <u>Beech Springs</u>	Registration District No. <u>1</u>	Registered No. <u>59</u>		(For use of Local Registrar)	
or					
Inc. Town of <u>1</u>	(No. .... St.; .... Ward)				
or	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
City of <u>1</u>					
(2) Full Name of Child <u>Cindy Rose Wilson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Burant Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Virginia Waldrop</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Apalachie St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Apalachie St.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)		
(12) BIRTHPLACE <u>Greece</u>			(18) BIRTHPLACE <u>Atlanta Ga.</u>		
(13) OCCUPATION <u>mill operator</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>McClain</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>1</u>					
Given name added from a supplemental report			(26) Witness <u>1</u> (Signature of Witness necessary only when question 23 is signed by, mark)		
..... 19 .....			(27) Filed <u>June 18, 1922</u>		
Registrar			(28) <u>1</u> 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.					

MECHANICAL, COLUMBIA, S. C.