

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Millington
 or
 Inc. Town of Pager, S.C.
 or
 City of

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

No. 31561 X

Registration District No. 3d Registered No. 152
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Margaret Elizabeth Wilson

(7) DATE OF BIRTH Nov 17 1923
 (Name of Month) (Day) (Year)

(3) BOY OR GIRL Girl
 (4) Twin or Triplet
 To be answered only in case of Twin or Triplet

(5) Are Parent Married Yes

MOTHER.

FATHER. William

(6) FULL NAME Jefferson Wilson

(14) NAME BEFORE MARRIAGE Emma Sampson

(8) PRESENT POSTOFFICE OF FATHER Pager, S.C.

(16) PRESENT POSTOFFICE OF MOTHER Pager, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Year)

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 47 (Year)

(12) BIRTHPLACE S.C.

(15) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Not A. M. or P. M.)
 on the date above stated.

(23) (Signature)
 (24) State whether

Physician or Midwife Midwife

(25) Address of Physician or Midwife Pager, 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 Dec 23 1923 (28) W. L. L. L. 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.