

(1) PLACE OF BIRTH

County of Horry
 Township of Green Sea
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
41024

Registration District No. 7.8.76 Registered No. 1.4.7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at last birthday 24 (7) DATE OF BIRTH Dec 12 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Wilson
 (9) PRESENT POSTOFFICE OF FATHER Ed
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Horry Co SC
 (13) OCCUPATION house work

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Green Sea SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Horry Co SC
 (19) OCCUPATION house work
 (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 (Born alive or stillborn) (How A. M. or P. M.)
 on the date above stated.

(23) (Signature) Julie Wilson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1000 York St

Given name added from a supplemental report

(26) Witness B. L. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 18 1922 (28) Ed Wilson
 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.