

MARGIN RESERVED FOR BINDING.

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		27518	
Township of <u>West Church</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>901</u>		Registered No. <u>128</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Gasoline Wilson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>10</u>	(7) DATE OF BIRTH <u>Sept 26 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Wilson</u>			(10) NAME BEFORE MARRIAGE <u>Rick Simon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant</u>		
(10) COLOR OR RACE <u>W</u>			(11) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(12) BIRTHPLACE			(13) COLOR OR RACE <u>W</u>		
(14) OCCUPATION <u>Laborer</u>			(15) BIRTHPLACE <u>SC</u>		
(16) OCCUPATION			(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(20) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(21) (Signature) <u>B. S. Richardson</u>					
(22) State whether <u>Physician or Midwife</u>					
(23) Address of Physician or Midwife <u>Mt Pleasant SC</u>					
(Given name added from a supplemental report)					
(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(25) Filed <u>Sept 28 1923</u> (26) <u>J. B. Child</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.					

Revised by Columbia, Columbia, S. C.