

Form No. 1

## (1) PLACE OF BIRTH

County of McCollum  
 Township of Mt. Carmel  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**31200**

Registration District No. 400

Registered No. ....  
 (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 Sam Wilson

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Isaac Wilson  
 9) PRESENT POSTOFFICE OF FATHER Mt. Carmel, S.C.  
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Year)  
 12) BIRTHPLACE Abbeville Co. S.C.  
 13) OCCUPATION Farm hand  
 20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Lula Wickman  
 15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel, S.C.  
 16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Year)  
 18) BIRTHPLACE Abbeville Co.  
 19) OCCUPATION Farm hand  
 21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alley at 1 A.M., on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Emma H. Hays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10-5 19 22(28) D. J. McQueen 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.