

(1) PLACE OF BIRTH  
County of Wheeler  
Township of 11  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. For State Registrar Only  
88972

Registration District No. 1102 Registered No. 104  
(For use of Local Registrar)  
(2) Full Name of Child Eurenie Glenn Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Dec 17 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Alexander Wilson  
(9) PRESENT POSTOFFICE OF FATHER Laurynville SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE Chester County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Estelle Fenell  
(15) PRESENT POSTOFFICE OF MOTHER Laurynville SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Chester County  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P M., on the date above stated. (Boy alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Love M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, SC

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 20 1916 (28) Jos. Hatcher 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.

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WHILE 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 5.  
Cav. of Columbia.