

FORM NO. 6. 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 5.

McClaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of Rocky Spring
or
Inc. Town of
or
City of
(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
77250

Registration District No. 2204 Registered No. 100
(For use of Local Registrar)
St.: Ward:

(2) Full Name of Child John Jackson Wilson Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? L (5) Number in order of birth L (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. J. Wilson
(9) PRESENT POSTOFFICE OF FATHER Greer S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION General in cloth room
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian T. Halden
(15) PRESENT POSTOFFICE OF MOTHER Greer S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Halden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer S.C.

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 10/10 1916 (28) F. G. James 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.

Fifth month of pregnancy.

Fifth month of pregnancy.