

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 12221
12221

County of

Township of

or
Inc. Town ofor
(City ofRegistration District No. Registered No.
(For use of Local Registrar)

(No. St. Ward)

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

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

(3) SEX OR GENDER girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 7, 1929
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Jessie Wilson (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27 (Year) (12) BIRTHPLACE Manning S.C. (13) OCCUPATION Saw Mill (14) NAME BEFORE MARRIAGE Manetta Helton (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Year) (18) BIRTHPLACE Zacca S.C. (19) OCCUPATION Housekeeping (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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) midwife Agnes Joe (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Midwife Agnes Joe (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) 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.