

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 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

9302

Registration District No. 41AS Registered No. 24
 (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 Larston Franklin 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: March 4, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME George Wilson
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S. C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Beatrice Butler
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S. C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

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) Sallie Hunt(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Dalzell S. C.

Given name added from a supplemental report

(26) Witness Mrs. E. M. Butler

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

(19) Registrar J. B. Rafferty(27) Filed March 10, 1922(28) Local Registrar J. B. Rafferty

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

IN CASE OF TWIN OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.