

Form No. 1

(1) PLACE OF BIRTH

County of NormanTownship of Little Rock

Inc. Town of

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

28850

Registration District No. 2507 Registered No. 63

(For use of Local Registrar)

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Dec 7 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

8) FULL NAME Fred Wilson

9) PRESENT POSTOFFICE OF FATHER Wampye S.C.

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

12) BIRTHPLACE Barney S.C.

13) OCCUPATION Farming

14) Number of children born to mother, including present birth Five

MOTHER.

14) NAME BEFORE MARRIAGE Edna Wilson

15) PRESENT POSTOFFICE OF MOTHER Wampye S.C.

16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

18) BIRTHPLACE Wampye S.C.

19) OCCUPATION Farming

20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) F. J. S. S. S.(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Wampye

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Dated July 20 1923(27) E. B. M. S. S. 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.