

## (1) PLACE OF BIRTH

County of *Williamburg*Township of *York*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

6075

Registration District No. *4311*Registered No. *2*

(For use of Local Registrar)

(2) Full Name of Child *Wilson Bridges*

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 *Jan. 23* (Name of Month) (Day) (Year)(8) FULL NAME *Robt Bridges*(14) NAME BEFORE MARRIAGE *Sallie Morris*(9) PRESENT POSTOFFICE OF FATHER *Nesmith*(15) PRESENT POSTOFFICE OF MOTHER *Nesmith S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *26* (Years)(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *Harlem*(18) BIRTHPLACE *Williamstown*(13) OCCUPATION *Mill hand*(19) OCCUPATION *House wife*(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 *alive* at *6 A* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary M. Green* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Feb 1* 19*21* (28) *W. E. Snowden* 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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