

## (1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**29188**

Registration District No. 9 A Registered No. 1312  
 (For use of Local Registrar)

(2) Full Name of Child Magdaline Wilson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 4, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William Henry Wilson  
 (9) PRESENT POSTOFFICE OF FATHER 5 Johnson St.  
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 19  
 (Year)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Laborer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Eugenia Coxsum  
 (15) PRESENT POSTOFFICE OF MOTHER St. Johns St.  
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 16  
 (Year)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 11 Judith

Given name added from a supplemental report

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

(27) Filed 9/9 19 22 (28) J. M. Green, M.D. 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.

McGraw-Hill, Columbia, S. C. FIRST-BORN, No. 1. THE OTHER, No. 5, etc., in question 5.

Registrar.

Filed 9/11 19 22 J. M. Green, M.D.  
 Corrected NOV 9