

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Sumter
 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

9474

Registration District No. 4310Registered No. 8

(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 Alva Wilson Jr.

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

3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH March 20, 1922
(Name of Month) (Day) (Year)

FATHER.

3) FULL
NAMEAlva Wilson9) PRESENT
POSTOFFICE
OF FATHERLake City S.C.(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY 39
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer20) Number of children born to
mother, including present birth6

MOTHER.

(14) NAME BEFORE
MARRIAGEMaria Brown(15) PRESENT
POSTOFFICE
OF MOTHERLake City(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY 20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alva at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

E. M. C. C.

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Cades S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27)

Full Name of Registrar

March 30, 1922

(28)

Signature of Registrar

Mrs. W. A. Gitch

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.

WRITE PLAINLY, WITH INK, AND IN BLOCK LETTERS. THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MADE IN THE UNITED STATES OF AMERICA
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.