

FORM NO. 1.

(1) PLACE OF BIRTH

County of Laurens

Township of Souffletown

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

46710

Registration District No. 2905 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Conway Wilson

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 20, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ussie Wilson

(9) PRESENT POSTOFFICE OF FATHER Clinton

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Laurens Co

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Meadows

(15) PRESENT POSTOFFICE OF MOTHER Clinton

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Laurens Co

(19) OCCUPATION Farming

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Res. J. W. Kennedy

(24) State whether Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

....., 191.....

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Registrar

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

(27) Filed Jan 31 1916 (28) J. P. Ford 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.

MARGIN RESERVED FOR BINDING.  
 WRITES PLAINLY, WITH READING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.  
 McCaw, of Columbia