

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

27770

Registration District No. 3801 Registered No. 40
(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 Lize Wilson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth <u>6</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 11, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Merton Wilson</u>	14) NAME BEFORE MARRIAGE <u>Alie Hanes</u>	9) PRESENT POSTOFFICE OF FATHER <u>Easton S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Easton S.C.</u>
10) COLOR OR RACE <u>Cel</u>	11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>Cel</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12) BIRTHPLACE <u>North Carolina S.C.</u>	18) BIRTHPLACE <u>North Carolina S.C.</u>	13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>House Wife</u>
20) Number of children born to mother, including present birth <u>6</u>	21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alie at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miles Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Easton S.C.

Given name added from a supplemental report

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

(27) Filed May 18, 1922 (28) A. B. Conzbee 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.