

## (1) PLACE OF BIRTH

County of PickensTownship of Easleyor  
Inc. Town of Easleyor  
City of Easley

(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

65885

Registration District No. 37-2 Registered No. 69

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 20, 1906

(Page of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME James L. Wilson(14) NAME BEFORE MARRIAGE Liddie May Surratt(9) PRESENT POSTOFFICE OF FATHER Easley(15) PRESENT POSTOFFICE OF MOTHER Easley(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Cotton mill work(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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. F. Bolt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Easley

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 22, 1906 (28) E. J. Wyatt 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.

Registrar

Local Registrar

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WHEN NEARLY A MONTH HAS ELAPSED SINCE THE BIRTH OF A CHILD, THE REGISTRAR MAY BE REQUESTED TO RE-REGISTER THE CHILD. THIS IS A PERMANENT RECORD. WITH UNPAID TAXES. 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 1.

W. H. McCaw, of Columbia.