

(1) PLACE OF BIRTH:

County of Milledgeville
Township of None
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
22851

Registration District No. 4301 Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child Mrs. Oliver Wilson (If child is not yet named, make supplemental report directed)

(3) Sex of Child girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10 1923
To be answered only in event of Twin or Triplet
(Age of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Samuel Wilson
(9) PRESENT POSTOFFICE OF FATHER Greelyville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 18

MOTHER.
(14) NAME BEFORE MARRIAGE Clunie Stalden
(15) PRESENT POSTOFFICE OF MOTHER Greelyville S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Greelyville S.C.

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 12 1923 (28) [Signature] 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.