(1) PLACE OF BIRTH

County of Florence

Township of Ebenezer

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
17611

Registration District No. 2003. Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child Henry Wilson.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH June 8 (Name of Month) (Day) 19 23 (Year)

FATHER.

(8) FULL NAME Nozey Wilson

(9) PRESENT POSTOFFICE OF FATHER Timmonsville

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Ebenezer S. C.

(13) OCCUPATION Farming.

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Gardan.

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25. (Years)

(18) BIRTHPLACE Darlington S.C.

(19) OCCUPATION Home wife.

(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 (Born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rose Fellow

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Ebenezer S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .... (28) Mrs Jerome McCowe
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.