

(1) PLACE OF BIRTH

County of Union
 Township of East Dam
 or
 Inc. Town of
 or
 City of Carlisle
 (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

No. 1a.—For State Registrar Only

541?

Registration District No. 4203, Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Wilson Irma (If child is not yet named, make supplemental report as directed)

(3) SEX OR SEXES Boy (4) Type or Types To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age year (7) DATE OF BIRTH Feb 20 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Johnson Irma
 (9) PRESENT RESIDENCE OF FATHER Carlisle
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Essie Morgan
 (15) PRESENT RESIDENCE OF MOTHER Carlisle
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Manda Cureton
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Carlisle S. C.

Given name added from a supplemental report

Max 10 1923
 Registrar

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

(26) Signed Max 10 23 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WHERE PLACED, WITH UNIFORMED REG-100, IN A PERMANENT RECORD. IN 2-1-10 CASE OF TWIN OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, AND LIST IN ORDER OF BIRTH. FORM-100, No. 1. THIS FORM, No. 1, is given to the mother.