

WRITE FULLY, WITH CARE AND IN INK. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 N. B.—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 5.
 Caw. of Columbia.
 McCay

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Sumter
 Township of Mayville
 or
 Inc. Town of Registration District No. 402
 or
 City of (No.) Registered No. 114
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
44762

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 9 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Benjamin Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Freeman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mayville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mayville S.C.</u>	
(10) COLOR OR RACE <u>Negrot</u> (11) AGE AT LAST BIRTHDAY <u>47</u> (Years)			(16) COLOR OR RACE <u>Negrot</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>Home wife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayville S.C.

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

(27) Filed Dec 13 1911 (28) [Signature] Local Registrar

Given name added from a supplemental report
 _____, 191____
 _____ 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.

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