

## (1) PLACE OF BIRTH

County of GreenvilleTownship of ...or  
Inc. Town of ...City of Greenville

(If birth occurs in a hospital or other institution, give name of same, date of birth, and number.)

(2) Full Name of Child Marguerite Elizabeth(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 16 1923(8) FATHER'S NAME BEFORE MARRIAGE Uthie Estate Wilson(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Lebanon(13) OCCUPATION Carpenter(14) NAME BEFORE MARRIAGE Uthie Estate Wilson(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 31(18) BIRTHPLACE W.C.(19) OCCUPATION Lawyer(20) Number of children of this mother now living, including present birth 3(21) I hereby certify that I attended the birth of this child, who was born at Greenville on the date above stated.(22) (Signature) O. F. Wilson(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Greenville SC(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) ...(26) State Registrar ...

(27) 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 stillbirth before the sixth month of pregnancy.