

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

File No. — For State Registrar Only
78318

(1) PLACE OF BIRTH
County of Marlboro
Township of Red Bluff
or
Inc. Town of Registration District No. 3305 Registered No. 89
(For use of Local Registrar)
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John B. 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 19 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>E. B. Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Ruth McDuffie</u>	(9) PRESENT POSTOFFICE OF FATHER <u>McCall S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McCall S. C.</u>
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(12) BIRTHPLACE <u>Minturn S. C.</u>	(18) BIRTHPLACE <u>Fairview N. C.</u>
(13) OCCUPATION <u>Mill Work</u>	(19) OCCUPATION <u>Mill Work</u>	(20) Number of children born to mother, including present birth { <u>one</u> }	(21) Number of children of this mother now living, including present birth { <u>one</u> }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10⁴⁵ a. m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Callie M. Duffie M. W. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife McCall S. C.

Given name added from a supplemental report 191.....
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 21 1916 (28) Julius Covington 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WEED UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.
McCauley of Columbia.