

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

State of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA.		49758	
Township of <u>St. Charles</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of .....		Registration District No. <u>3007</u>		Registered No. <u>108</u>	
City of .....		(No. ....) St. .... Ward ....		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Henry Wilson</u> .....					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth .....	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Jan. 31st</u>	(8) (Name of Month) (Day) (Year) <u>1916</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>James Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Eliza M. Lead.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>St. Charles, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Charles, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>			(18) BIRTHPLACE <u>Sumter Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House &amp; farm work</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>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>7</u> .....					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Eliza Magill</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>St. Charles, S.C.</u>					
Given name added from a supplemental report .....			(26) Witness .....		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Feb. 19, 1916</u>		
			(28) <u>Eliza M. Lead.</u> 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.

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