

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Brown State Board of Health

File No. 76414 For State Registrar Only

Inc. Town of ..... or ..... Registration District No. 1360 Registered No. 21  
 (For use of Local Registrar)  
 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 Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH Sept. 28 1916  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME J. W. Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Hammer  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Hammer  
 (20) Number of children born to mother, including present birth { 4 }

(14) NAME BEFORE MARRIAGE Glenn Hagg  
 (15) PRESENT POSTOFFICE OF MOTHER Hammer  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Hammer S.C.  
 (19) OCCUPATION W  
 (21) Number of children of this mother now living, including present birth { 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Dr. J. H. Hagg

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 1 1916 (28) W. T. Hagg 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, 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.

McCauley of Columbia.