

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOIL EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Laurens S.C.
Township of Laurens
OF
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only

30984

Registration District No. 1907

Registered No. 115
(For use of Local Registrar)

(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 Clark Carl Wilson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>September 24, 1922</u> (Name of Month) (Day) (Year)
----------------------------	---	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Albert Wilson
(9) PRESENT POSTOFFICE OF FATHER Laurens Rt # 3
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Wilson
(15) PRESENT POSTOFFICE OF MOTHER Laurens Rt # 3
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive.....at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frankie Farris
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens Rt # 3 S.C.

Given name added from a supplemental report

(26) Witness Mathie Beasley
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Sept 27 1922 (28) L. E. Nichols Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.