

(1) PLACE OF BIRTH

County of SumterTownship of ProvidenceInc. Town of
orCity 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 Enla Dell 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 Yes
Parents
Married?(7) DATE OF
BIRTH March 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Horace Wilson(9) PRESENT
POSTOFFICE
OF FATHER Providence S.C.(10) COLOR (11) AGE AT LAST
OR BIRTHDAY 21
RACE Negro (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(20) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Flora Roberson(15) PRESENT
POSTOFFICE
OF MOTHER Providence S.C.(16) COLOR (17) AGE AT LAST
OR BIRTHDAY 14
RACE Negro (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mellie Grant(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Providence S.C.Given name added from a supplement-
tal report(26) Witness Mrs. J. A. Burkette
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed March 25 1916 (28) B. McLaughlin
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.*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.

File No.—For State Registrar Only

53914

Form No. 10.
MAY 1916
WHILE FILLING IN THIS FORM, PLEASE USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE
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.McCaw
M.