

(1) PLACE OF BIRTH

County of LongTownship of Little RiverOR
Inc. Town ofOR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64835

Registration District No. 9507 Registered No. 185

(For use of Local Registrar)

(2) Full Name of Child Bettie Geneva Wilson

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 20</u> , 19 <u>16</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Wilson

(15) PRESENT POSTOFFICE OF MOTHER Little River S.C.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY (Years) 20

(18) BIRTHPLACE Long C. S.C.

(19) OCCUPATION Farming

(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 born alive at H.A. M., on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah R. R. S.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little River S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed June 27, 1916. (28) R. S. Blood 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.

McCaw, of Columbia