

## (1) PLACE OF BIRTH-

County of SpartanburgTownship of Reidville

In Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No. - For Civil Registrar Only

37725

Registration District No. 14.0.07Registered No. 13  
(For use of Local Registrar)(2) Full Name of Child James LeRoy Wilson

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

(1) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 22, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	---------------------------------------	---

## FATHER.

(8) FULL NAME James Lee Wilson,(9) PRESENT POSTOFFICE OF FATHER Greer, S.C. Route 1,(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Spartanburg County(13) OCCUPATION Farmer(14) Number of children born to father, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Eva Viola Hays(16) PRESENT POSTOFFICE OF MOTHER Same(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 14 (Years)(19) BIRTHPLACE Spartanburg County(20) OCCUPATION Housewife,(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated. (Each alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. L. Brackman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greer, S.C.

Give name added from a supplemental report

(26) Witness

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

(27) 14.0.07 19 23 (28)

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.

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.