

(1) PLACE OF BIRTH

County of

Berkely

Township of

12th James

Inc. Town of

or

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 State Registrar Only

84457

Registration District No.

#200

Registered No.

28

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 5-6

(Name of Month) (Day) 191- (Year)

FATHER.

(8) FULL NAME

William Wilson

(9) PRESENT POSTOFFICE OF FATHER

Ridgerville, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Berkely Co. S.C.

(13) OCCUPATION

Farmer

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

{ 6

MOTHER.

(14) NAME BEFORE MARRIAGE

Millie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Ridgerville, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Berkely Co. S.C.

(19) OCCUPATION

Day Laborer

(21) Number of children of this mother now living, including present birth

{ 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Emily S. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife | Ridgerville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 28-6

191-

(28)

Local Registrar.

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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATING BLANK for each CHILD, and mark with FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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