

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of Baldor
or
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

40688

Registration District No. 4602Registered No. 661
(For use of Local Registrar)

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

(2) Full Name of Child Leon Wilson

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Kelin Wilson

(9) PRESENT POSTOFFICE OF FATHER Baldor SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Johnson

(15) PRESENT POSTOFFICE OF MOTHER Baldor SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora H. Carey
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife mark Appleton SC

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 23, 1922 (28) F. H. Boyd MD
Local Registrar.

*When there was no attending physician or midwife, when 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.

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