

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Indian
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 30496 For State Registrar Only

Registration District No. 4303 Registered No. 17
 (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 Mary Wilson (If child is not yet named, make supplemental report as directed)

(3) ~~Sex~~ (4) Twin or Triplet (5) Number in order of birth (6) Are parents married? yes (7) DATE OF BIRTH Sept 6, 1923
 To be answered only in event of Twin or Triplet (Name of child) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Cassius Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Sissy Hamel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fowler</u>		
(10) COLOR OR RACE <u>B</u>	(16) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

..... 19.....
 Registrar

(27) Filed Oct 10, 1923 (28) L. C. Daniel
 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.