Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46835

County of Lexington

Township of Broad River

or
Inc. Town of Chapin S.C. Registration District No. 3103 Registered No. 6
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Cleo Wilson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 19. 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Willie Albert Wilson	(14) NAME BEFORE MARRIAGE Jency Wertz
(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.	(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 50 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Marlboro Co. S.C.	(18) BIRTHPLACE Chapin S.C.
(13) OCCUPATION Farming	(19) OCCUPATION House Wife
(20) Number of children born to mother, including present birth } 6	(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 (Born alive or stillborn) at 8 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Caroline Hagen

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Chapin S.C.

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness Minnie C. Frick
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 9. 1916. (28) M. F. Frick
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.

McCaw, of Columbia.

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.