Form No. 1.

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, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Use: 87588

(1) PLACE OF BIRTH

County of Sumter

Township of Mayesville
or
Inc. Town of .....
or
City of .....

Registration District No. 4102 Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. ..... Bilson St.; ..... Ward)

(2) Full Name of Child Willie Lias Bilson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 2 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Henry Bilson

(9) PRESENT POSTOFFICE OF FATHER Mayesville S C

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Azelle Wilder

(15) PRESENT POSTOFFICE OF MOTHER Mayesville S C

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION (Farming) 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 alive (Born alive or stillborn) at 9 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lilly Howell

(24) State whether Physician or Midwife Mid Wife

(25) Address of Physician or Midwife Mayesville

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

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

(27) Filed Nov 12 1916 (28) W. J. Thomas 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.