

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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Wichitaw</u> Township of <u>Johnson</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>1304</u> Registered No. <u>88</u> (For use of Local Registrar) (No. .... St.; .... Ward)		File No.—For State Registrar Only <b>75110</b>
(2) Full Name of Child <u>Mildred Estelle Wilson</u> { If child is not yet named, make supplemental report as directed				
(3) <del>BOY OR GIRL?</del> <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 4</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Jacob Wilson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Rome S.C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) (12) BIRTHPLACE <u>Rome S.C.</u> (13) OCCUPATION <u>Laborer</u> (20) Number of children born to mother, including present birth { <u>1</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Mattie May</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Rome S.C.</u> (16) COLOR OR RACE <u>Mulato</u> (17) AGE AT LAST BIRTHDAY ..... (Years) (18) BIRTHPLACE <u>Oaks S.C.</u> (19) OCCUPATION <u>Labour</u> (21) Number of children of this mother now living, including present birth { <u>1</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>12</u> M., on the date above stated. <u>Born alive or stillborn</u> (Hour A. M. or P. M.) (23) (Signature) <u>Jane E. Johnson</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Rome S.C.</u> (26) Witness <u>W. E. Bell</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 11</u> 19 <u>16</u> (28) <u>R. H. Bell</u> Local Registrar Given name added from a supplemental report ..... ..... 19 .. 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.				