

## (1) PLACE OF BIRTH

County of Spokane  
 Township of Cross Creek  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**16729**

Registration District No. 4003 Registered No. 37  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 9 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Blair Frederick Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Cross Creek, S.C.  
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Cross Creek, Sparta, S.C.  
 (13) OCCUPATION School Teacher

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen May Shelton  
 (15) PRESENT POSTOFFICE OF MOTHER Cross Creek, S.C.  
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Cross Creek, Union Co., S.C.  
 (19) OCCUPATION at home  
 (21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Patton  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Creek, S.C.

Given name added from a supplemental report

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

(27) Filed May 10 1922 (28) E. Hanna 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.

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