

## (1) PLACE OF BIRTH

County of Henry  
 Township of Little River

or  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41028

Registration District No. .... Registered No. .... 93  
 (For use of Local Registrar)

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

If child is not yet named, make  
 supplemental report as directed

## (2) Full Name of Child

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 to be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 30, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Silvester Wilson

(9) PRESENT POSTOFFICE OF FATHER Hard. S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Hard. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Helen Anna Lumbert

(15) PRESENT POSTOFFICE OF MOTHER Hard. S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Hard. S.C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live, at 1:00 P. M., (Hour A. M. or P. M.)  
 on the date above stated. (Born alive or stillborn)

(23) (Signature) Rachel Anna Vaught

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hard. S.C.

When name added from a supplemental report

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

(27) Filed 1-7-1924 (28) B. Haskell Todd 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.