

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

17396

Registration District No. 4602

Registered No. 29

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Greg Wilson

{ 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

June 6, 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER  
Lee Roy Wilson

(9) PRESENT POSTOFFICE OF FATHER

Thomas SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm

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

4

(14) NAME BEFORE MARRIAGE

MOTHERMaddie Moody

(15) PRESENT POSTOFFICE OF MOTHER

Thomas S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Greg at 50 M., on the date above stated. (Born living stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 9, 1922

(28)

F. H. Boyd, M.D.

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.

INSTRUMENT RECORD, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.