

1. PLACE OF BIRTH  
County of Georgetown  
Township of \_\_\_\_\_  
or  
In. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 11-a

FILE No. 1096-1

(No. Georgetown, S.C.)

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
FULL NAME OF CHILD JAMES WILSON

Boy or Girl Male  
M. Place of birth Male  
1. Twin, triplet, or other \_\_\_\_\_  
2. Premature \_\_\_\_\_  
3. Legitimate \_\_\_\_\_  
4. Date of birth Jan. 26, 1932  
5. Number, in order of birth \_\_\_\_\_  
6. Full term \_\_\_\_\_  
7. Sex Male  
8. Date of birth Jan. 26, 1932  
(Month, day, year)

FATHER		MOTHER	
Full name <u>James Wilson</u>	13. Full maiden name <u>Emily Johnson</u>	14. Residence (usual place of abode) (If nonresident, give place and State) <u>Georgetown, S.C.</u>	15. Residence (usual place of abode) (If nonresident, give place and State) <u>Georgetown, S.C.</u>
Color or race <u>Col.</u>	12. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Col.</u>	17. Age at last birthday <u>26</u> (Years)
Birthplace (city or place) (State or country) <u>Georgetown, S.C.</u>	18. Birthplace (city or place) (State or country) <u>Georgetown, S.C.</u>	19. Trade, profession, or particular kind of work done, as planter, surveyor, bookkeeper, etc. <u>Butcher</u>	20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u>
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	23. Date (month and year) last engaged in this work <u>19</u>	24. Date (month and year) last engaged in this work <u>20</u>
25. Total time (years) spent in this work	26. Total time (years) spent in this work		

Number of children of this mother  
(At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks  
27. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

(Signed) Sally Myers M. D.  
or Sally Myers Midwife  
Address Georgetown, S.C.  
Filed Sept. 19, 1932 Leon Banov, M.D.

When there was no attending physician or midwife, then the father, householder, or other person, should make this return.  
Name added from \_\_\_\_\_  
Supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

by Emily Wilson - Mother -