

## (1) PLACE OF BIRTH

County of FlorenceTownship of Effinghamor  
In Town of MaxCity of Max(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2084 Registered No. 118  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42808

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 21 8</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Melichi Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Soula Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham Co</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Willamstown Co</u>			(18) BIRTHPLACE <u>Jorlington Co</u>	
(13) OCCUPATION <u>Ironing</u>			(19) OCCUPATION	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alva at 6 30 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Wilson  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report  
....., 191.....  
Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Suz (27) Filed 5 191..... (28) D C Hise 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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