

MARGIN RESERVED FOR BINDING.
 UNFADING INK—THIS IS A PERMANENT RECORD.
 OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 EST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

FORM NO.

W-1

1

(1) PLACE OF BIRTH
 County of Greene
 Township of Bunter
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 20.17 Registered No. 785
 (For use of Local Registrar)
 (2) Full Name of Child Benjamin Franklin 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>April 3</u> (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Charles Wilson</u> | | | (14) NAME BEFORE MARRIAGE <u>Charles W. Clark</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Scranton, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Scranton S.C.</u> | |
| (10) COLOR OR RACE <u>colored</u> | (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) | (16) COLOR OR RACE <u>colored</u> | (17) AGE AT LAST BIRTHDAY <u>24</u> (Years) | |
| (12) BIRTHPLACE <u>Williamburg Co.</u> | | | (18) BIRTHPLACE <u>Williamburg Co.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</u> | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10 P. M.
 on this date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature of Physician or Midwife
C. B. Wilson
 (24) Birthplace of Physician or Midwife
Scranton S.C.

(25) Name of witness
Charles W. Clark
 (26) Signature of witness
C. W. Clark
 (27) Birthplace of witness
Scranton S.C.

When child is born, the mother, father, or other person, should make this return. If a child is born stillborn, the mother, father, or other person, should make this return. If a child is born, the mother, father, or other person, should make this return. If a child is born, the mother, father, or other person, should make this return.