

Form No. 1

(1) PLACE OF BIRTH

County of OconeeTownship of Senecaor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

86797

Registration District No. 3504 Registered No. 134

(For use of Local Registrar)

(2) Full Name of Child

Keyton Wilson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(5) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 25 '16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leroy Wilson

(9) PRESENT POSTOFFICE OF FATHER

Seneca S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

17

(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Effie Roach

(15) PRESENT POSTOFFICE OF MOTHER

Seneca S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Oconee Co. S.C.

(19) OCCUPATION

Cotton Mill Oper

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mrs Mary Graham

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov. 1, 1916

(28)

J. E. Hopkins

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.

WRITE FAIRLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia