

(1) PLACE OF BIRTH  
County of Spartanburg

Township of .....  
or  
Inc. Town of Woodruff

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  
**16663**

Registration District No. 40 B Registered No. 41  
(For use of Local Registrar)

(2) Full Name of Child... James Franklin Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parent Married? Yes (7) DATE OF BIRTH 5/9/22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME B. F. Wilson  
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Spartanburg Co  
(13) OCCUPATION mill work  
(14) Number of children born to mother, including present birth { 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Ester Smith  
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Spartanburg Co  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth { 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(21) I hereby certify that I attended the birth of this child, who was alive at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. G. Workman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff S.C.

Even name added from a supplemental report  
7/1/22 191...  
M. B. N. M.D. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 6/12/22 (28) Chas. L. Bayless 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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