

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, 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.

State of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of South House State Board of Health

File No.—For State Registrar Only  
**59264**

Inc. Town of ..... Registration District No. 1203 Registered No. 71  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 20  
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Meta Piques</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

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

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

(23) (Signature) Mathias + Bouras

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife McFarlane

Given name added from a supplemental report

(26) Witness D. H. Brock

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

(27) Filed May 11 1914 (28) J. E. Mulloy 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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