

Form No. 1

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

No. for State Registrar

38021

(1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Rock HillRegistration District No. 44B Registered No. 236  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

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

(2) Full Name of Child Sadie Wilson

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 23 1923</u>
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<b>FATHER.</b> (6) FULL NAME <u>Geo. Wilson</u> (7) PRESENT POSTOFFICE OF FATHER <u>Rock Hill SC</u> (8) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>49</u> (Year) (9) BIRTHPLACE <u>SC.</u> (10) OCCUPATION <u>Rail Road Laborer</u> (12) Number of children born to mother, including present birth <u>4</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Sadie Wilson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill SC.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>33</u> (Year) (18) BIRTHPLACE <u>SC.</u> (19) OCCUPATION <u>Home work</u> (21) Number of children of this mother now living, including present birth <u>2</u>	
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## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) 79 M., on the date above stated. Martha Wilson

(23) (Signature) <u>Martha Wilson</u>	(24) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>midwife</u>	

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>James</u>	(26) Local Registrar
(27) Filed <u>11/27 1923</u>	

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.