

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3rd
 or
 In Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar
12941

Registration District No. 444 Registered No. 57
 (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

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

(a) SEX Girl (b) Type or Triplet 7 (c) Number in order of birth 7 (d) Age at birth 43 (e) DATE OF BIRTH May 4, 1923
 To be answered only in event of Triplet or Triplet

FATHER.
 (a) FULL NAME Herbert Wilson
 (b) PRESENT RESIDENCE OF FATHER Charlottesville
 (c) COLOR OR RACE Colored (d) AGE AT LAST BIRTHDAY 38
 (e) BIRTHPLACE S.C.
 (f) OCCUPATION Farmer
 (g) Number of children born to mother, including present birth 7

MOTHER.
 (a) NAME BEFORE MARRIAGE Anna Bell Pean
 (b) PRESENT RESIDENCE OF MOTHER Charlottesville
 (c) COLOR OR RACE M.H. (d) AGE AT LAST BIRTHDAY 35
 (e) BIRTHPLACE S.C.
 (f) OCCUPATION Labor on Farm
 (g) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary F. H. H.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

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

(27) Filed May 9, 1923 (28) 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.