

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH CAPS AND 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 THIS OFFICE. No 2, etc. in question 5

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
565

County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C. (No. 23 Drake St.; S Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3. BOY OR GIRL girl 4. Twin or Triplet? 5. Number in order of birth 4 6. Are Parents Married? yes 7. DATE OF BIRTH Dec 28 1923
 (Name of Month (Day) (Year))

FATHER.
 8. FULL NAME Henry Wilson
 9. PRESENT POSTOFFICE OF FATHER Charleston S.C.
 10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 40 (Years)
 12. BIRTHPLACE Charleston S.C.
 13. OCCUPATION Butcher

MOTHER.
 14. NAME BEFORE MARRIAGE Fattie Williams
 15. PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 35 (Years)
 18. BIRTHPLACE Charleston S.C.
 19. OCCUPATION Housekeeper

20. Number of children born to mother, including present birth 4 21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at T.P. M., on the date above stated. (Born alive or stillborn? Hour A. M. or P. M.)

(23) (Signature) Philippa Lewis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 8 Montague St.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 27 19 27 J. M. Green 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.