

## (1) PLACE OF BIRTH

County of FlorenceTownship of Harro Bay

or

Inc. Town of .....

or

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

42866

Registration District No. 2014 Registered No. 62

(For use of Local Registrar)

2) Full Name of Child Maec Wilson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? twins(5) Number in order of birth 1(6) Are the Parents Married? Yes(7) DATE OF BIRTH Dec 20 1920

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Wilson(9) PRESENT POSTOFFICE OF FATHER Bonham Church S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE DC.(13) OCCUPATION Tommy(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Harrison

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE A.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Brown(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Dec 30 5 1920 (28) D. B. Keel 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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