

(1) PLACE OF BIRTH

County of Stary
 Township of Winthrop
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
41065

Registration District No. 1509 Registered No. 158
 (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 Julia Wilson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Triplet To be reported only in event of Triplet or Triplet (5) Are Twins Marked yes (6) DATE OF BIRTH Dec. 16, 1929
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME William L. Wilson
 (8) PRESENT POST OFFICE OF FATHER Albion, S.C.
 (9) COLOR OR RACE Colored (10) AGE AT LAST BIRTHDAY 48
 (11) BIRTHPLACE Stary County
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Bellamy
 (15) PRESENT POST OFFICE OF MOTHER Albion, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Stary County
 (19) OCCUPATION House Wife
 (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. L. Wilson

(24) State whether Physician or 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

(28)

(Signature of Registrar)

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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