

(1) PLACE OF BIRTH

County of Horry  
Township of Towson Bay  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**46237**

Registration District No. 2014 Registered No. 3  
(For use of Local Registrar)

2) Full Name of Child Chen Kien Lee-ray Wilson If child is not yet named, make supplemental report as directed

<input checked="" type="checkbox"/> BOY OR <del>GIRL</del>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 19 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Keller Wilson

(9) PRESENT POSTOFFICE OF FATHER Edgington

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Edgington

(13) OCCUPATION

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Wilson

(15) PRESENT POSTOFFICE OF MOTHER Edgington

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 \_\_\_\_\_ at \_\_\_\_\_ G. A. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ed. W. F. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 20 1916 (28) D. B. Hill 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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Form No. 10. MARGIN RESERVED FOR PRINTING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A CONTINUOUSLY REPRODUCED N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH OF THEM and mark the FIRST-BORN N. No. 1. THE OTHER, N. No. 2, etc., in question 2. McCraw, of Columbia.