

## (1) PLACE OF BIRTH

County of Charlottesville

Township of .....

Inc. Town of .....

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

No. 1. - For this register only  
846Registration District No. 1. A. C. Registered No. 13  
(For use of Local Registrar)(2) Full Name of Child Gavin James Wilson If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Male (4) Two or Triple - (5) Number in order of birth - (6) Age 1 year (7) DATE OF BIRTH Jan 19 1923  
(To be answered only in case of Twins or Triplets)

## FATHER.

(8) FULL NAME Ernest Wilson(9) PRESENT POSTOFFICE OF FATHER Charlottesville(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Laborem(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena Wilson(15) PRESENT POSTOFFICE OF MOTHER Charlottesville(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(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 Alive at 10:30 on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. M. Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

(26) Witness Ed. C. Cady  
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Feb 1 1923 (28) Ed. C. Cady  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is required if the child is born before the fifth month of pregnancy.

FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 1. BOARD OF CENSUS, Columbia, S. C.