LACE OF BIRTH
ty of Georgetown
ship of Georgetown
Town of
of Georgetown, S. C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only: 21016-A

Registration District No. 21-a Registered No. (For use of Local Registrar)

(No. Winyah Heights St. Georgetown, S.C Ward)
(If birth occurs in a hospital or other institution, give name of street and number)

LL NAME OF CHILD Gwendolyn Wilson (If child is not yet named, make supplemental report as directed.)

y or Girl: irl | If Plural births: 4. Twin, triplet, or other ___ 5. Number, in order of birth ___ | 6. Premature ___ Full term ___ | 7. Age Bureau Mental Yes | 8. Date of birth July 4, 19 23 (Month, day, year)

FATHER
Full name Mahem W. Wilson

MOTHER
18. Full maiden name Ella Singleton

Residence (usual place of abode) (If non-resident, give place and State) ___

19. Residence (usual place of abode) (If non-resident, give place and State) ___

Color or race Wh. | 12. Age at last birthday 51 (Years)

20. Color or race Wh. | 21. Age at last birthday ___ (Years)

Birthplace (city or place) (State or country) Horry County

22. Birthplace (city or place) (State or country) Socastee S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artificier or

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mill Wright

16. Date (month and year) last engaged in this work ___, 1926 | 17. Total time (years) spent in this work ___

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ___

25. Date (month and year) last engaged in this work ___, 19___ | 26. Total time (years) spent in this work ___

Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead ___ (c) Stillborn ___

If stillborn, period of gestation ___ months / weeks | 29. Cause of stillbirth ___ | Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

...eby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) ___ m. on the date above stated.

...en there was no attending physician, ...idwife, then the father, householder, ...hould make this return.

...ne added from ...plemental report ___ (Date of)

(Signed ___, M.D.
or May Balston, Midwife
Address 402 Howard St, Georgetown, S.C
Filed ___, 19___

Registrar. Registrar.