

IN PLACE OF INDEX

CERTIFICATE OF BIRTH

File No. — For State Register Only

3880

County of Florence.....

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

Township of Timmons ville...

or  
In Town of .....

Registration District No. 2015 Registered No. 1.0  
(For use of Local Registrar)

City of ..... (No. ....) (M. ....) (Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child ... Ida Wilson,

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

1. SEX OR GENDER ... (a) Twin or Triplet? ... (b) Number in order of birth ...

(c) Are Parents Married? ... (d) DATE OF BIRTH ... (Name of Month) (Day) (Year)

FATHER:  
(1) FULL NAME ...  
(2) PRESENT POSTOFFICE OF FATHER ...  
(3) COLOR OR RACE ...  
(4) AGE AT LAST BIRTHDAY ...  
(5) BIRTHPLACE ...  
(6) OCCUPATION ...  
(7) Number of children born to mother, including present birth ...

MOTHER:  
(1) NAME BEFORE MARRIAGE ...  
(2) PRESENT POSTOFFICE OF MOTHER ...  
(3) COLOR OR RACE ...  
(4) BIRTHPLACE ...  
(5) OCCUPATION ...  
(6) AGE AT LAST BIRTHDAY ...  
(7) Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive ... (Born and ...)

(2) (Signature) ... (3) State whether Physician or Midwife ... (4) Address of Physician or Midwife ...

Witness ... (Signature of Witness necessary only when question 1 is signed by mark) ...

When there was no attendance by a physician or midwife, the father, householder, etc., should make this return, if a child breathes even once ...