

14-1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia
(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

File No.—For State Registrar Only
92742

Registration District No. 38a Registered No. 1065
(For use of Local Registrar)

(2) Full Name of Child Robert Clayton Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 18</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Clayton Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Woodcock</u>	(9) PRESENT POSTOFFICE OF FATHER <u>906 First</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>906 First</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(12) BIRTHPLACE <u>OC</u>	(18) BIRTHPLACE <u>OC</u>	(13) OCCUPATION <u>City Fireman</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. J. [Signature]

(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) <u>[Signature]</u> (27) Filed <u>2/3/17</u> 191..... (28) <u>[Signature]</u> Local Registrar
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*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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