

## (1) PLACE OF BIRTH

County of Wilson  
 Township of Northville  
 OR  
 Inc. Town of 5  
 OR  
 City of 1

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

File No.—For State Registrar Only

42072

Registration District No. 160V Registered No. 132  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William(9) PRESENT POSTOFFICE OF FATHER Northville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44  
 (Years)(12) BIRTHPLACE Mo(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Withers(15) PRESENT POSTOFFICE OF MOTHER Wilson(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38  
 (Years)(18) BIRTHPLACE Mo(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John P. Allen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilson

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 5th 1923 (28) B. F. Hardy  
 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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