

7/2/45, free, file no 271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter
Township of Shiloh
or
Inc. Town of _____
or
City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4107

23 048043

FILE No.—For State Registrar
00824

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Earline Charlotte Wilson (No. _____ St. _____ Ward _____)

3. Boy or Girl Girl If Plural Births _____ 4. Twins, triplets or other. 5. Number, in order of birth. 6. Premature 7. Are Parents Married? Yes 8. Date of birth Nov 25, 1923 (Month, day, year)

FATHER
9. Full name Jake Wilson
10. Residence (mailing address) 272 Lynchburg, S. C.
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Sumter Co., S. C.
(State or country)

OCCUPATION
14. Trade, profession or particular kind or work done, as spinner, lawyer, bookkeeper, etc. Farmer
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Renter
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work. 19.

MOTHER
18. Name before marriage Kate Nesbitt
19. Residence (mailing address) 272 Lynchburg, S. C.
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Sumter Co., S. C.
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work. 19.

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living. 5 (b) Born alive but now dead. 1 (c) Stillborn.
28. If stillborn, period of gestation. { months _____ weeks _____ } 29. Cause of stillbirth. { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 5 a. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____

(Date of) _____

Registrar. _____

(Signed Mae Wilson, sister or Parent, Guardian Address 209 Council St. Sumter, S. C. Filed July 27, 1945 Thos. P. Leese Registrar. _____

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