

23 048043

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 _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4109FILE No.—For State Registrar
00824Registered No. _____
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. _____ St. _____ Ward _____)
2. FULL NAME OF CHILD Earline Charlotte Wilson3. 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)9. Full name FATHER
Jake Wilson
10. Residence (mailing address) 277 Lynchburg, S. C.
(If non-resident, give place and State) _____
11. Color or race White12. 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.....18. Name before marriage MOTHER
Kate Nesbitt
19. Residence (mailing address) 277 Lynchburg, S. C.
(If non-resident, give place and State) _____
20. Color or race White21. 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... (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 _____, Guardian
Address 209 Council St., Sumter, S.C.
Filed July 27, 19 45 Thos. P. Leese
Registrar. _____

7/2/45w, 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.)