

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 K. B.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		17683	
Township of <u>#2</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2101</u>		Registered No. <u>215</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>King Wilson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>June 28, 1923</u>	
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Waver Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Janie Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.</u>		
(10) COLOR OR RACE <u>B.</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(16) COLOR OR RACE <u>B.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>		
(12) BIRTHPLACE <u>Sampit, S.C.</u>		(18) BIRTHPLACE <u>Sampit S.C.</u>			
(13) OCCUPATION <u>Public work</u>		(19) OCCUPATION <u>Field work</u>			
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9 a.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Marie Spots</u>			(25) Address of Physician or Midwife <u>Georgetown, S.C.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>7-6</u> 1923 (28) <u>A. J. Tilton</u> 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.					

Return of Certificates, Columns 1-6.