

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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 5.

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| (1) PLACE OF BIRTH County of <u>Sumter</u> Township of <u>Mayesville</u> 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.) | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only 20304. | |
| (2) Full Name of Child <u>Brooks Lee Wilson</u> | | Registration District No. Registered No. <u>301</u> (For use of Local Registrar) | | St.; Ward) | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 13, 1922</u> (State of Month) (Day) (Year) | |
| FATHER. (8) FULL NAME <u>Ernest Wilson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mayesville S.C.</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>farmer</u> (20) Number of children born to mother, including present birth { | | | MOTHER. (14) NAME BEFORE MARRIAGE <u>Bessie Wilson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mayesville S.C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>domestic</u> (21) Number of children of this mother now living, including present birth { | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:20</u> : M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) (23) (Signature) <u>Bessie Wilson</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Mayesville</u> Given name added from a supplemental report <u>See affidavit 9/15/22 M.D.W.</u> Registrar (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>June 20, 1922</u> (28) <u>C. H. Wilson</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.