

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5625

County of AbbevilleTownship of Y.A. T. T. T.Inc. Town of Cashman

City of

Registration District No. 0.9. Registered No. 31

(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 Mary Caroline Wilson If child is not yet named, make supplemental report as directed

(3) SEX— BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 12 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME B. Clyde Wilson(9) PRESENT POSTOFFICE OF FATHER Cashman Falls S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Paymaster Cashman(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Bell(15) PRESENT POSTOFFICE OF MOTHER Cashman Falls S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M.,
on the date above stated. (Born alive or stillborn) (Hour . M. or P. M.)(22) (Signature) J. T. T. T.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Cashman Falls S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed April 9 1923 (27) F. L. Vance 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.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MADE IN SOUTH CAROLINA, Columbia, S. C.