

41739-36326

aah
12/5/47

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.

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

1. PLACE OF BIRTH

County of Dorchester

Township of

or

Inc. Town of Summerville, SC

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 HealthRegistration District No. 17-A Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

03627

St.; Ward)

2. FULL NAME OF CHILD

William Wilson

{ If child is not yet 1 year old, make supplemental report.

3. Boy or Girl

{ If Plural
births }

Boy

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

birth..... August 16

(Month, day, year)

Full term.....

Married? Yes9. Full
nameFATHER
Harrison Wilson18. Name before
marriageMOTHER
Ella Washington

10. Residence (mailing address)

Summerville, SC

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State) Summerville

11. Color or race Negro

12. Age at last birthday..... 42 (years)

20. Color or race Negro

21. Age at last birthday..... 39

13. Birthplace (city or place)
(State or country)

Summerville, SC

22. Birthplace (city or place)
(State or country)

St. George, SC

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Custodian in

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

School

16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.

Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work

26. Total time (years)

spent in this work

27. Number of children of this mother
(At time of birth and including this child)

(a) Born alive and now living..... 1 (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.....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)

State Registrar

(Signed)

or

Address.....

Filed..... 12-12, 1947

Local Registrar

aah

(Lottie Wright), Parent
Guardian

Thos. P. Lesesne