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

Standard Certificate of Birth

FILE No.—For State Registrar Only

03627

1. PLACE OF BIRTH
County of Dorchester
Township of.....
or
Inc. Town of Summerville, SC
or
City of.....STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 17-A Registered No.
(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 William Wilson } If child is not yet 1 year old, make supplemental report if needed.3. Boy or Girl Boy If Plural births } 4. Twins, triplets or other..... 5. Number, in order of birth.....
6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth August 16
(Month, day, year)9. Full name FATHER Harrison Wilson 18. Name before marriage MOTHER Ella Washington10. Residence (mailing address) Summerville, SC 19. Residence (mailing address) Summerville
(If non-resident, give place and State)..... (If non-resident, give place and State).....11. Color or race Negro 12. Age at last birthday 42 (years) 20. Color or race Negro 21. Age at last birthday 3913. Birthplace (city or place) Summerville, SC 22. Birthplace (city or place) St. George, SC
(State or country)..... (State or country).....14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian in 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. School 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 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).....(Signed) Lottie Wright (Lottie Wright), Parent
or Lottie Wright Guardian
Address 7. 9th St. / Forestport S. D.
Filed 12-12, 1947 Thos. P. Lesesne
Local Registrar sth

State Registrar

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.