

Form No 1.

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Montgomery

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

87802

Registration District No. 4346 Registered No. 25

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Jenneth Wilson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov, 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Governor Wilson(9) PRESENT POSTOFFICE OF FATHER Cades(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Williamsburg Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Montgomery(15) PRESENT POSTOFFICE OF MOTHER Cades(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Williamsburg Co S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 o'clock A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Lizzie R. Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston S.C.

Given name added from a supplemental report

(26) Witness Martha Mason
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 1, 1916 (28) J. T. Hinson 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.

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.

J. Cav. of Columbia.