

## (1) PLACE OF BIRTH

County of SumterTownship of NorthInc. Town of NorthCity of North

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
41425Registration District No. 91 Registered No. 91  
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
City of North (No. 115)  
If child is not yet named, make supplemental report as directed(2) Full Name of Child H. A. Wilson May 17 1923(1) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) May 17 1923(8) FULL NAME P. A. Wilson (9) NAME BEFORE MARRIAGE H. A. Wilson(10) PRESENT POSTOFFICE OF FATHER Elliot (11) PRESENT POSTOFFICE OF MOTHER Elliot(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY (Years) 21(14) BIRTHPLACE Elliot (15) OCCUPATION Teacher(16) Number of children born to mother, including present birth 1(17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 M., (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. C. D. D. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 11:00(26) Witness Wm. C. D. D. (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 101.23 (28) 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.