

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA.		49740	
Township of <u>Mechanicsville</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>3003</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)			
(2) Full Name of Child <u>Hannah Wilson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 10, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Mose Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Stacey Albert</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Camp 20</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Camp 20</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Lee Co. S.C.</u>			(18) BIRTHPLACE <u>Lee Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8:30 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ballard Pershaw</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Camp 20</u>					
Given name added from a supplemental report					
(26) Witness <u>C. P. Baker</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>31</u> 1916 (28) <u>C. P. Baker</u> 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.

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