

Form No. 1

(1) PLACE OF BIRTH

County of Worcester
 Township of Cam
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar
3682

Registration District No. 1701... Registered No. 7...
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Wilson Addison

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 19, 1923
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Wilson Addison
 (9) PRESENT POSTOFFICE OF FATHER Hamlet
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 17
 (12) BIRTHPLACE Hamlet
 (13) OCCUPATION Farmer
 (14) NAME BEFORE MARRIAGE Rosie Addison
 (15) PRESENT POSTOFFICE OF MOTHER Hamlet
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Hamlet
 (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1
 (21) 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 Bo as M.
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Medicine
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamlet

Given name added from a supplemental report

(26) Witness Medicine
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 2, 1923 (28) Lyella Minniston
 Registrar 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.