

WHEN RECEIVED FOR BINDING, 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.

(1) PLACE OF BIRTH

County of Richland

Township of

or
 Inc. Town of

or
 City of Columbia

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

(2) Full Name of Child

Elizabeth Wilson

File No.—For State Registrar Only

19981

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No.

(For use of Local Registrar)

(No. 1172 Harkin St.; Ward)

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

(3) BOY-OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 6 10 19
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Wilson

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Low

(13) OCCUPATION

Railroad

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Chariton

(19) OCCUPATION

Chariton

(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 at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Floyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1326 Blenheim St.

Given name added from a supplemental report

(26) Witness

John D. Smith

Signature of witness necessary only when question 23 is signed by mark

(27) Filed

July 10, 1921

(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.

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