

## (1) PLACE OF BIRTH

County of WilliamsTownship of Andover

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

79614

Registration District No. 4202 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Mary M. Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Aug. 19, 1944

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julius Wilson

(9) PRESENT POSTOFFICE OF FATHER

Tried

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE

Slc

(13) OCCUPATION

Farmer

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

{ 12 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Elisier Chandler

(15) PRESENT POSTOFFICE OF MOTHER

Tried

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE

Slc

(19) OCCUPATION

Laundress

(21) Number of children of this mother now living, including present birth

{ 7 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Andover at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Tried & c

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-27-1944

(28)

A. W. Chandler

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.