

(1) PLACE OF BIRTH

County of Newberry Co.

Township of No. 10

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

91052

Registration District No. 2401 Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Thomas E. Wilson } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Nov 10 1911
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman Wilson

(9) PRESENT POSTOFFICE OF FATHER Parshanty P.O. R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Newberry Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Taylor

(15) PRESENT POSTOFFICE OF MOTHER Parshanty R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Newberry Co.

(19) OCCUPATION Housewife

(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 born at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Counts
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry Co.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 10 1917 (28) W. A. Counts 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.

Before the fifth month of pregnancy.

M.C. 2007-10-10 11:10 AM In case of twins or triplets use a separate blank for each child, and attach the first-born. No. 1. With Op. 11, No. 2, etc. in question 8.