

(1) PLACE OF BIRTH

County of Newberry Co.Township of No. 10or
Inc. Town ofor
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. 3401Registered 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

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? yes(7) DATE OF
BIRTHNov. 10, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHerman Wilson(9) PRESENT
POSTOFFICE
OF FATHERParishville S.C. 218(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY23
(Years)

(12) BIRTHPLACE

Newberry Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE
MARRIAGEEmmie Taylor(15) PRESENT
POSTOFFICE
OF MOTHERParishville S.C. 218(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY18
(Years)

(18) BIRTHPLACE

Newberry Co.

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

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.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. F. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Newberry Co.Given name added from a supplement-
tal report

, 191...

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 10, 1912(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.