

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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

MOBAY OF COLUMBIA, COLUMBIA, S. C.

Form 5-6

(1) PLACE OF BIRTH
County of Sumter
Township of
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 Only
20354

Registration District No. Registered No. 107
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 7, 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrie Wilson
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Sumter Co.
(13) OCCUPATION Truck Driver
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Ann Wilson
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Sumter Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at Sumter S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary M. M. M.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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affid 9 28/43
Registrar

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

(27) Filed June 10, 1933 (28) Carl B. Cox 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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