

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 B. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		20153	
Township of		Registration District No. <u>40-0</u>		Registered No. <u>332</u>	
Inc. Town of		(For use of Local Registrar)			
City of		(No. <u>276 St. John</u>)		(Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Wilson</u>					
If child is not yet named, make supplemental report as directed					
(3) SEX <u>MALE</u>	(4) Twin or Triplet <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) DATE OF BIRTH <u>July 27, 23</u> (Name of Month) (Day) (Year)		
FATHER			MOTHER		
(7) FULL NAME <u>Harold Wilson</u>			(8) NAME BY MARRIAGE <u>Head Landra</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spky & C</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Spky & C</u>		
(11) COLOR OR RACE <u>Cat</u>			(12) AGE AT LAST BIRTHDAY <u>30</u> (Year)		
(13) BIRTHPLACE <u>Spky & C</u>			(14) BIRTHPLACE <u>Spky & C</u>		
(15) OCCUPATION <u>Unlo High 22</u>			(16) OCCUPATION <u>Domestic</u>		
(17) Number of children born to mother, including present birth <u>3</u>			(18) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(19) I hereby certify that I attended the birth of this child, who was at <u>9:45</u> M., on the date above stated. (Born alive <u>✓</u>) (New, M. or P. M.)					
(20) (Signature) <u>[Signature]</u>					
(21) State whether Physician or Midwife					
(22) Address of Physician or Midwife					
Given name added from a supplemental report			(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(24) Filed <u>9-1-23</u> (25) <u>Jan Copes</u> Registrar		
When there was no attending physician or midwife, then the father, householder, etc., should make his 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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Bureau of Statistics, Charleston, S. C.