

**McGraw of Columbia, Columbia, U. C.**

(1) PLACE OF BIRTH *W. J.*  
County of *Lancaster*  
Township of *Unity*  
or  
Inc. Town of .....  
or  
City of *Lancaster*

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

35090

(No. .... St.; ..... Ward)  
 (Institution, give name of same instead of street and number.)

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

(2) **BOY OR GIRL?** *boy* (3) **Twin or Triplet?** (4) **Number in order of birth** *8* (5) **Are Parents Married?** *yes* (6) **DATE OF BIRTH** *may 6 - 22*  
(Name of Month) (Day) (Year)

FATHER.  
(S) FULL NAME W. M. Wilson

(9) PRESENT POSTOFFICE OF FATHER *Leicester*

(10) COLOR OR RACE *B* (11) AGE AT LAST BIRTHDAY *44*  
(Year)

(12) BIRTHPLACE San Francisco, California

(7) OCCUPATION  
Farming & Preach

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

MOTHER.  
(14) NAME BEFORE MARRIAGE *Lillian A. Anderson*

(18) PRESENT POSTOFFICE OF MOTHER *700 Lancaster 8861*

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 45 (Yr)

(18) BIRTHPLACE York, Connecticut

19) OCCUPATION  
Teaching

(71) Number of children of this mother now living, including present birth 7 The Childs

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Helen A. ... 3:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mia N. [illegible]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 [illegible] St. [illegible]

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) ..... 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.