

*South*~~South~~ **South Carolina State Board of Health**

BUREAU OF VITAL STATISTICS

2508

15363

**STANDARD CERTIFICATE OF BIRTH****1. PLACE OF BIRTH**

County Greenville Registration District No. \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Township Haystack or Village Chasey St  
 City Chasey (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurred in hospital or institution, give its name instead of street and number)

**2. FULL NAME OF CHILD**Lee Wilson

(If child is not yet named, make supplemental report, as directed)

3. Sex of child

Male

To be answered only in event of plural births.

4. Twin, triplet, or other

Parents married?

No

7. Date of birth

May 241922

<b>8. FATHER</b> Full name <u>Wm Wilson</u>		<b>14. MOTHER</b> Full maiden name <u>Katie Hill</u>	
<b>9. Residence</b> (Usual place of abode) If transient, give place and State _____		<b>15. Residence</b> (Usual place of abode) If nonresident, give place and State <u>Chasey St</u>	
<b>10. Color or race</b> <u>Colored</u>	<b>11. Age at last birthday</b> _____ (Years)	<b>16. Color or race</b> <u>Colored</u>	<b>17. Age at last birthday</b> <u>24</u> (Years)
<b>12. Birthplace</b> (city or place) (State or country) _____		<b>18. Birthplace</b> (city or place) (State or country) <u>Ing Hill</u>	
<b>19. Occupation</b> Nature of industry <u>Plowman</u>		<b>19. Occupation</b> Nature of industry <u>Coach</u>	
<b>20. Number of children of this mother</b> (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>6</u> (b) Born alive, but now dead _____ (c) Stillborn _____	
<b>21. Did you use drops in baby's eyes at birth to prevent blindness?</b> _____ If not, why not? _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

22. I hereby certify that I attended the birth of this child, who was Julie Gause on the date above stated.  
 (Born alive or stillborn) (Hour, a.m. or p.m.)

23. (Signature) \_\_\_\_\_  
 (State whether physician or midwife)

24. P. O. \_\_\_\_\_  
 25. Witness \_\_\_\_\_  
 (Signature of witness necessary only when 23 is signed by mark)

Given name added from supplemental report

26. Filed \_\_\_\_\_ 19 \_\_\_\_\_ 27. \_\_\_\_\_  
 Local Registrar

28. P. O. \_\_\_\_\_

When there was no attending physician, the father, householder, etc., should make report as stillborn. No report.

has even once, it must not