

South~~South~~ **Carolina State Board of Health** 2508

BUREAU OF VITAL STATISTICS

15363

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County *Horry* Registration District No. _____ Certificate No. _____
 Township *Flynn* or Village *Causey St*
 City *Causey* (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

5. Number, in order of birth

6. Parents married?

No

7. Date of birth

*May 24**1922*

8. FATHER Full name <i>Wm Wilson</i>		14. MOTHER Full maiden name <i>Kate Hill</i>	
9. Residence (Usual place of abode) If nonresident, give place and State _____		15. Residence (Usual place of abode) If nonresident, give place and State <i>Causey St</i>	
10. Color or race <i>Colored</i>	11. Age at last birthday _____ (Years)	16. Color or race <i>Colored</i>	17. Age at last birthday <i>24</i> (Years)
12. Birthplace (city or place) (State or country) _____		18. Birthplace (city or place) (State or country) <i>Big Hill SC</i>	
13. Occupation Nature of industry <i>Plowman</i>		19. Occupation Nature of industry <i>Coast</i>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <i>6</i> (b) Born alive, but now dead _____ (c) Stillborn _____			

21. Did you use drops in baby's eyes at birth to prevent blindness? _____ 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* at _____ 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. _____

Given name added from supplemental report

25. Witness _____
 (Signature of witness necessary only when 23 is signed by mark)

26. Filed _____ 19 _____ 27. _____
 Local Registrar

Registrar

28. P. O. _____

*When there was no attending physician, the father, householder, etc., should make the report, but the report should be made even once, it must not be reported as stillborn. No report.