

Form No 1.

(1) PLACE OF BIRTH

County of RichlandTownship of Loweror
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Phelix WilsonFile No. 66090

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

FATHER'S MOTHER'S

(8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (12) BIRTHPLACE (13) OCCUPATION

(14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (18) BIRTHPLACE (19) OCCUPATION

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 1.2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miller Hunter (24) State whether Physician or MidwifeAddress of Physician or Midwife EASTOVER

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question is signed)

(26) Date Jan 7 (27) 6 (28) Eastover

When there was no attending physician or midwife, the mother or other person who attended the birth should make this report, and a child breasting even once, it must not be reported as stillborn.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.
McClay, of Columbia.