

MARGIN RESERVED FOR INDEXING.
 WRITING 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.

(1) PLACE OF BIRTH

County of McCormick
 Township of Chesler
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1940823

Registration District No. 4501... Registered No. 23...
 (For use of Local Registrar)

City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Wilson Jones

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in case of Twins or Triplets 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH..... 19....
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel Jones
 9) PRESENT POSTOFFICE OF FATHER Durham Branch
 10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY..... 35....
 (Years)
 12) BIRTHPLACE Chesler Co.
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Charlaine
 15) PRESENT POSTOFFICE OF MOTHER Durham Branch
 16) COLOR OR RACE Col. 17) AGE AT LAST BIRTHDAY..... 22....
 (Years)
 18) BIRTHPLACE Chesler Co.
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 1 21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 8 A.M....
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. H. Harrison
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chesler Co.

Given name added from a supplemental report

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

(27) Filed 19 (28) W. H. Harrison
 Registrar 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.