

# (1) PLACE OF BIRTH

County of Hampton  
 Township of Pleehs  
 or  
 Inc. Town of Hampton  
 or  
 City of Hampton  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only  
64746

Registration District No. 2402 Registered No. 114  
 (For use of Local Registrar)  
 St.; ..... Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 12</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>B. R. Hiers Jr</u>		(14) NAME BEFORE MARRIAGE <u>Miss Hattie Carter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Colleton Co</u>		(18) BIRTHPLACE <u>Colleton Co</u>		
(13) OCCUPATION <u>Attorney</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was blue at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Folsom  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Oranston S.C.

Given name added from a supplemental report

119143 1916  
J. H. Folsom  
 Registrar

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

(27) Filed 6/30 1916 (28) H. Rogers 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.

McGee \*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.

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 VAILED 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.  
 I, McCaw, of Columbia