

(1) PLACE OF BIRTH

County of Marble
Township of Haystack
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
31412

Registration District No. 3413 Vol. 38
Registered No. 48
(For use of Local Registrar)

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

3) SEX OR GEAR? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Ed Wilson
9) PRESENT POSTOFFICE OF FATHER Silvestria
10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
12) BIRTHPLACE Marble SC
13) OCCUPATION Iron Laborer
14) Number of children born to mother, including present birth 1-7

MOTHER.
(14) NAME BEFORE MARRIAGE Louise Wilson
(15) PRESENT POSTOFFICE OF MOTHER Silvestria
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Marble SC
(19) OCCUPATION Iron Laborer
(21) Number of children of this mother now living, including present birth 1-7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was alive at 7:30 AM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Louise Wilson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silvestria

Give name added from a supplemental report
..... 101.....
..... Registrar

(26) Witness A. M. Shugart
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Oct 5 1922 (28) A. M. Shugart 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.

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