

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 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 this Registrar's
21712

Registration District No. 3 000

Registered No. 228
 (For use of Local Registrar)

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

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

(3) BOY OR
Girl (4) Twin or Triplet (5) Number in order of birth (6) Age in years year (7) DATE OF BIRTH July 8, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Boulegard Wilson
 (9) PRESENT POSTOFFICE OF FATHER Bishopville
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Lee
 (13) OCCUPATION Farmer
 (14) NAME BEFORE MARRIAGE Edna Torrey
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Lee
 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
 on the date above stated. (Sign alive or otherwise) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

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

(27) Filed July 18, 1923 (28) [Signature] Legal 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.