

MARGIN RESERVED FOR BINDING.

WRITE 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 Anderson
Township of Centerville
OR
Inc. Town of.....
OR
City of Anderson
(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
40815

Registration District No. 303 Registered No. 84K
(For use of Local Registrar)
(No. C. N. St. Proyas mill Ward)

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

(3) BOY OR GIRL? 1 (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 7, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alvin Oscar Wilson
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
(Years)
(12) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Textile
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Clara E. Wilson
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
(Years)
(18) BIRTHPLACE Oconee Co. S.C.
(19) OCCUPATION House wife
(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 born at Anderson S.C. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Pearson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (28) A. B. Crayton
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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Form No. 9

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.