

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(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)

(2) Full Name of Child

Harothy Coleman Wilson

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

(3) BOY OR GIRL <u>1</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 7, 1922</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	--	--

FATHER.

(8) FULL NAME Alvin Oscar Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)  
 (12) BIRTHPLACE Greenville Co SC  
 (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 SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Oconee Co. SC  
 (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 female at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

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) H. B. Crayton 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.

\*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.