

Form No. 3

## (1) PLACE OF BIRTH

County of Durham

Township of .....

or

Inc. Town of .....

or

City of .....

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

(2) Full Name of Child Roma Wilson

No. for State Register

17618

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2005 Registered No. 26

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(3) SEX OR GIRL

(4) Type or Name

(5) Number in order of birth 1st

(6) Date of Birth

(7) DATE OF BIRTH June 28, 1923

## FATHER

(8) FULL NAME

Willie Wilson

(9) PRESENT POSTOFFICE OF FATHER

Florence

(10) COLOR OR RACE

Black

(11) AGE

34

(12) BIRTHPLACE

McLaughlin plantation

(13) OCCUPATION

Job work

(14) Number of children born to mother, including present birth

1st

## MOTHER

(14) NAME BEFORE MARRIAGE

Leone Black

(15) PRESENT POSTOFFICE OF MOTHER

Florence

(16) COLOR OR RACE

Black(17) AGE 22

(18) BIRTHPLACE

Muldrow plantation

(19) OCCUPATION

Farming

(20) Number of children of this mother now living, including present birth

1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

Leone Alexander

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Given name added from a supplemental report

(26) Witness

Mrs. J. A. Muldrow

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

(27) Date

July 9, 1923

(28) Local Registrar

P. H. Bigham

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 needed of stillbirths before the fifth month of pregnancy.