

(1) PLACE OF BIRTH

County of *Wesmoreland*Township of *North Union*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10054

Registration District No. *513*Registered No. *28*
(For use of Local Registrar)

(No.)

St.:

Ward)

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

(2) Full Name of Child

Louise Wilson

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

3. BOY OR GIRL? <i>Girl</i>	4. Twin or Triplet? <i>No</i>	5. Number in order of birth <i>1</i>	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>April 24, 1922</i> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets.

FATHER.

8. FULL NAME *Wm. Wilson*9. PRESENT POSTOFFICE OF FATHER *Edisto, S.C.*10. COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Years)12. BIRTHPLACE *S.C.*13. OCCUPATION *Railroad Hand*20. Number of children born to mother, including present birth *12*

MOTHER.

14. NAME BEFORE MARRIAGE *Saddie Staley*15. PRESENT POSTOFFICE OF MOTHER *Edisto, S.C.*16. COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)18. BIRTHPLACE *S.C.*19. OCCUPATION *Wife and day laborer*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 alive* at *W.D. M.* on the date above stated. (Born *living* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Wm. Wilson*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Edisto, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *J. H. Johnson*(27) Filed *May 6, 1922* (28) *J. H. Johnson* Local Registrar

1922 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.