

(1) PLACE OF BIRTH

County of FlorenceTownship of Truss Bayor
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 Maybel Wilson

File No.—For State Registrar Only

42865

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2014 Registered No. 62

(For use of Local Registrar)

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? Yes(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Wilson(9) PRESENT POSTOFFICE OF FATHER Bonnie Evans S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE D.C.(13) OCCUPATION Ironing(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Harrison

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE D.C.(19) OCCUPATION Ironing(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

101...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20 1915 (28) O. G. Rice 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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