

## (1) PLACE OF BIRTH

County of SumterTownship of Marshfieldor  
Prec. 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

66389

Registration District No. 4101 Registered No. 1  
(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 Percealine Field Wilson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 28, 1916  
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Aspley Wilson</u>	(14) NAME BEFORE MARRIAGE	<u>Harriet Rich</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Wedgfield</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Wedgfield</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>52</u>	(17) AGE AT LAST BIRTHDAY	<u>42</u>
(12) BIRTHPLACE	<u>Clarendon Co</u>	(18) BIRTHPLACE	<u>Sumter Co</u>
(13) OCCUPATION	<u>farmer</u>	(19) OCCUPATION	<u>House wife</u>
(20) Number of children born to mother, including present birth	<u>14</u>	(21) Number of children of this mother now living, including present birth	<u>11</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James H. Hays (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
<u>Wesley Wilson</u>	<u>James H. Hays</u>
<u>7-manipulata</u>	(27) Filed <u>July 5, 1916</u> (28) <u>J. Marion</u> 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.