

Form No. 1.

(1) PLACE OF BIRTH

County of Barnwell
Township of Bull Pond

or
Inc. Town of Registration District No. 805 Registered No. 12
or
City of (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 Robert Ross Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gussie Canady
(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 12 (Years)
(12) BIRTHPLACE Bull Pond
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Canady
(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Bull Pond
(19) OCCUPATION Domestic Wife
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at all P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alb. A. Jones (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness Walter E. Gathers (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1916 (28) 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.

MAP-ING HIGHER-EDUCATION IN THE UNITED STATES
 WITH UNIFORMING INK—THIS IS A PERMANENT RECORD.
 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 (2).
 McCaw, of Columbia.

File No.—For State Registrar Only
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