

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of Salisbury

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29938

Registration District No. 1602Registered No. 105

(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 Daniel Wilson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 22

To be answered only in event of Twin or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Wilson(14) NAME BEFORE MARRIAGE Mary Billings(9) PRESENT POSTOFFICE OF FATHER Little Rock Sc.(15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Sc.(18) BIRTHPLACE Sc.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 3d M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret McNeal(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Rock Sc.

Given name added from a supplemental report

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

(27) Filed Sept 15, 22 (28) Local Registrar B. L. Hardy

*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.

IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—FURNISH A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—FURNISH A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—FURNISH A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—FURNISH A PERMANENT RECORD.