

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of Centerville

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70220

Registration District No. 3891 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Ballie Wilson

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Age Parents <u>74</u> Married?	(7) DATE OF BIRTH <u>28</u> , <u>28</u> , 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>J A Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Lellie Madden</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Deuter ville S.C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Deuter ville S.C</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Richland County</u>			(18) BIRTHPLACE <u>Fairfield County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12:00 Oct, 1916, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Williamson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Deuter ville S.C

Given name added from a supplemental report

(26) Witness W. G. Deut.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 191 (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.

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