

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
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCray, of Columbia.

(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)
 St.; Ward)

(2) Full Name of Child Bellie Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age Parents <u>74</u> Married?	(7) DATE OF BIRTH <u>28</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>J A Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Lellie Madden</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Deutsville S.C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Deutsville S.C</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Deutsville S.C

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness W. J. Deuts (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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