

## (1) PLACE OF BIRTH

County of BerkleyTownship of Eastover

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708 Registered No. 64

(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 John B. 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) Sex Male (7) DATE OF BIRTH July 12, 1923  
(To be answered only in event of Twin or Triplet) (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Flora Eady</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cross, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cross, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Berkley Co.</u>	(18) BIRTHPLACE <u>Berkley Co.</u>	(19) OCCUPATION <u>Farming</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(24) (Signature) Lizzie Butler  
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

(27) Witness Riccia Cross  
(Signature of Witness necessary only when question 23 is signed by mark)(28) Filed July 14, 1923 (29) D. W. Cross  
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.