

Form No 1.

(1) PLACE OF BIRTH

County of Richland

Township of Simpleton Creek

Inc. Town of or

City of (No.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
43312

Registration District No 25.09 Registered No. 165

(For use of Local Registrar)

St. or Ward or

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

(2) Full Name of Child James Henry Wilson

If child is named, make

as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>One</u>	(6) Age Parents <u>Married</u>	(7) DATE OF BIRTH <u>Dec 25</u>
-------------------------------	-----------------------------------	--	-----------------------------------	------------------------------------

FATHER.

MOTHER.

(8) FULL NAME <u>Lewis Ford</u>	(10) NAME BEFORE MARRIAGE <u>Lula Terrell</u>
------------------------------------	--

(9) PRESENT POSTOFFICE OF FATHER <u>Alsbrooks S C</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Alsbrooks S C</u>
--	---

(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>20</u>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>27</u>
--------------------------------	--	--------------------------------	--

(16) BIRTHPLACE <u>Harvey County</u>	(17) BIRTHPLACE <u>Harvey County</u>
---	---

(18) OCCUPATION <u>Furber Laborer</u>	(19) OCCUPATION <u>Housewife</u>
--	-------------------------------------

(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth of this child, who was born at 10 10 A.M. on the date above stated.

(23) (Signature) Maria A. Smith

(24) State whether Physician or Midwife Midwife

Midwife J. Alsbrooks S C

Give name added from a supplemental report

(25) Witness J. A. Brown

(Signature of Witness to certify only when duplicate is signed by them)

(26) Filed Dec 27 1915 at J. A. Brown

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.

REMARKS: RECORDS OF BIRTHS, DEATHS, AND MARRIAGES. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THEN OTHER, No. 2, ETC., IN QUESTION 5.