

(1) PLACE OF BIRTH

County of CalhounTownship of Ameliaor
Inc. Town ofor
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

34933

Registration District No. 800Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child William Wilson

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

(1) BOY OR GIRL

Male

(4) Twin or triplet?

X

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 16 23

(Name of Month) (Day) (Year)

(8) FULL NAME

Wish Wilson

(9) PRESENT POSTOFFICE OF FATHER

Fort Mott S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Calhoun Co.

(13) OCCUPATION

Farmer laborer

(14) Number of children born to mother, including present birth

2

(14) NAME BEFORE MARRIAGE

Fronnie Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Fort Mott S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Calhoun Co

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Sept 16 23 (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature)

Bl. Long

(23) State whether physician or midwife

Physician

Given name added from a supplemental report

..... 101

..... Registrar

(24) Witness

J. A. Woodley

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

(25) Filed

Dec 11 23

(26)

R. R. Allen

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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