

(1) PLACE OF BIRTH

County of LexingtonTownship of Cangareeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

16845

Registration District No. 3115 Registered No. 3

(For use of Local Registrar)

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

(2) Full Name of Child Ray Down Wilson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth

(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Wilson(9) PRESENT POSTOFFICE OF FATHER Brookland St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Lexington County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie D. Monte(15) PRESENT POSTOFFICE OF MOTHER Brookland St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Durham(24) State whether Physician or Midwife (25) Address of Physician or Midwife Brookland St.

Given name added from a supplemental report

James D. 1916
Crispus
Duffy

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

(27) Filed 1/15 1916 (28) J. B. Lybrand 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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FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McJaw, of Columbia

MCC

NOTES: RETURNED FOR REPAIR.

WITH COPIES OF THIS FORM TO A HEALTH DEPARTMENT.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the