

(1) PLACE OF BIRTH

County of Mugabov.Township of Alconee

or

Inc. Town of

or

City of

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

(2) Full Name of Child Wilson

File No.—For State Registrar Only

50033

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3505Registered No. 25

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

1 / 1 / 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Percy B Wilson

(9) PRESENT POSTOFFICE OF FATHER

Westminster

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Alconee

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Dora B. Lord

(15) PRESENT POSTOFFICE OF MOTHER

Westminster

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Alconee

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:40 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

M. A. Street

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Westminster, S. C.

Given name added from a supplemental report

James G. 1916..James G. Registrar

(26) Witness

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

(27) Filed

2-9-1916

(28)

W. C. Helton 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.