

FORM NO. 1.

(1) PLACE OF BIRTH

County of LaurensTownship of Seuffleboro

Inc. Town of

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

46711

Registration District No. 2905 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Walter 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
Take entered only in event of Twins or Triplets(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Jan. 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELead Wilson(9) PRESENT
POSTOFFICE
OF FATHERClinton(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY 26
(Years)

(12) BIRTHPLACE

Laurens Co

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGELulu Meadows(15) PRESENT
POSTOFFICE
OF MOTHERClinton(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Laurens Co

(19) OCCUPATION

Farming(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Garrett Physic.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeGiven name added from a supplement
report191.....
Registrar(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 3 1916 (28) C. A. Owens
Pub. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

McGaw, of Columbia