

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

(City of Anderson (No. St. Ward))

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

(2) Full Name of Child Myrl M. WilsonNo. - For State Registrar Use
38421

Registration District No. 3A

Registered No. 481
(For use of Local Registrar)(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1st(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 28 1900
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Wilson(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42

(Year)

(12) BIRTHPLACE Anderson(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Miss Patterson(16) PRESENT POSTOFFICE OF MOTHER Anderson(18) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Year)

(15) BIRTHPLACE Anderson(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is answered by "Stillborn")

(27) Filed

10

(28)

ANDERSON, S. C.
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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