

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3806

County of

Flamers SC

Township of

In Town of

Flamers SC

Registration District No. 20-A

Registered No. 74

(For use of Local Registrar)

City of

(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 Virginia Francis Wilson

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

1 SEX OR

girl

2 TWIN

To be answered only in event of Twin or Triplets

3 NUMBER IN

order of birth

4 AGE

Parents

5 DATE OF

BIRTH

2/13/27

(Name of Month) (Day) (Year)

FATHER.

6 FULL

Name Jenson W Wilson

7 PRESENT

POSTOFFICE

OF FATHER

Flamers SC

8 COLOR

OR

HAIR

W

(11) AGE AT LAST

BIRTHDAY

36

(Year)

9 BIRTHPLACE

Ga

10 OCCUPATION

Life Insurance

11 Number of children born to

father, including present birth

3

MOTHER.

14 NAME BEFORE

MARRIAGE

Bertha Belle

15 PRESENT

POSTOFFICE

OF MOTHER

Flamers SC

16 COLOR

OR

HAIR

W

(17) AGE AT LAST

BIRTHDAY

30

(Year)

18 BIRTHPLACE

Ga

19 OCCUPATION

Housewife

(20) Number of children of this mother

now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature)

(23) Place where birth occurred or residence

(24) Address of Physician or Midwife

Flamers SC

When name added, return to Registrar and request

(Signature of Witness necessary only, when question 20 is signed by mark)

E-19-23 P.H. Prichard

When there was no attending physician or midwife, the child must be born in a hospital or other institution, and the birth must be certified by the State Board of Health.