Form No. 1

(1) PLACE OF BIRTH

County of Lumber

Township of Maysville

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 5336

Registration District No. 4102

Registered No. 13
(For use of Local Registrar)

(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 Carm 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: 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married: yes

(7) DATE OF BIRTH: Feb 21 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Levi Wilson

(9) PRESENT POSTOFFICE OF FATHER: Maysville

(10) COLOR OR RACE: Col

(11) AGE AT LAST BIRTHDAY: 21 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Henrietta Wilson

(15) PRESENT POSTOFFICE OF MOTHER: Maysville

(16) COLOR OR RACE: Col

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.
(Born alive or Stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Susan Benjamin

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Maysville

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Feb 24 1923 (28) A. Cooper
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 REMOVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK. (THIS IS A PERMANENT RECORD.)

R. Send one of TWINS OR TRIPLETS on a SEPARATE BLANK FOR EACH CHILD, and mark it FIRST-BORN, No. 2, THE OTHER, No. 3, etc., in question 5.