

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.

(1) PLACE OF BIRTH

County of Kershaw
 Township of E. P. Alb.
 OR
 Inc. Town of
 OR
 City of Camden S. Ca.
 (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
43047

Registration District No. 27a Registered No. 99
 (For use of Local Registrar)
 (No. 300 Fair 211 St.; 1 Ward)

(2) Full Name of Child

Wilson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec-8-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Luther Wilson
 (9) PRESENT POSTOFFICE OF FATHER Camden S. Ca.
 (10) COLOR OR RACE White N.A. (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE Sumter Co. S. Ca.
 (13) OCCUPATION Cotton Mill
 (20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie May Capell
 (15) PRESENT POSTOFFICE OF MOTHER Camden, S. Ca.
 (16) COLOR OR RACE White N.A. (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE Sumter Co. S. Ca.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Dec 10 22 (28) [Signature] 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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