

MARGIN RESERVED FOR BINDING.  
WHITE PLAINES: IN CASE OF TWINS OR TRIPLETS, THIS FORM IS A PRELIMINARY REPORT.  
FIRST-BORN, No. 1. ALL OTHERS, No. 2, etc., in question 5.  
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FIRST-BORN, No. 1. ALL OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg  
Township of Holly Hill  
or  
Inc. Town of Holly Hill  
or  
City of Holly Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**16231**

Registration District No. 360.9 Registered No. 71  
(For use of Local Registrar)

(2) Full Name of Child Blair Wilson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Wilson  
(9) PRESENT POSTOFFICE OF FATHER Holly Hill S. C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41  
(Year) (12) BIRTHPLACE S. C.  
(13) OCCUPATION Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Sanders  
(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S. C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36  
(Year) (18) BIRTHPLACE S. C.  
(19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belle Simmons (24) State whether Physician or Midwife (25) Address of Physician or Midwife Holly Hill S. C.

Given name added from a supplemental report

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

(27) Filed June 9, 1922 (28) H. M. Hesseman  
Registrar 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.