(1) PLACE OF BIRTH

County of Beaufort

Township of Beaufort
or
Inc. Town of Grays Hill.
or
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 6ee

File No.—For State Registrar Only
13785

Registered No. 37852
(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 Longin Wilson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 21, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wilson

(9) PRESENT POSTOFFICE OF FATHER Grays Hill, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Burton S.C.

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mariah Matter

(15) PRESENT POSTOFFICE OF MOTHER Grays Hill, S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Burton, S.C.

(19) OCCUPATION House wife.

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sophie Williams

(24) State whether Physician or Midwife Midwife

Address of Physician or Midwife Burton, S.C.

Given name added from a supplemental report

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

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

(27) Filed May 24, 1922 (28) W. N. Wilson 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of twins or triplets, separate blanks must be used for each child, and number, the FIRST-BORN, No. 1, THE SECOND-BORN, No. 2, etc., in question 5.
Bureau of Columbia, Columbia, S. C.