

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Long Pine  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**5808**

Registration District No. 107 Registered No. 10  
 (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 Julia Wilson

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

(3) SEX OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 13 23  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Thomas Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
 (Year) .....  
 (12) BIRTHPLACE Abb. Co.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 9

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hattie Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
 (Year) .....  
 (18) BIRTHPLACE Abb. Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Thomas Wilson  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report  
 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Mar 26 23 (28) ER Miller 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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Bureau of Columbia, Columbia, S. C.