

(1) PLACE OF BIRTH

County of SumterTownship of Stableburg

Inc. Town of

City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie Wilson

File No. For State Registrar Only

66473

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109Registered No. 53

(For use of Local Registrar)

(3) DATE OF BIRTH June 29 1916

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

(4) BOY OR GIRL? girl

(5) Twin or Triplet?

(6) Number in order of birth

(7) Are Parents Married? yes(8) DATE OF BIRTH June 29 1916

FATHER.

(9) FULL NAME Melton Wilson(10) PRESENT POSTOFFICE OF FATHER Horatio S.C.(11) COLOR OR RACE Col.(12) AGE AT LAST BIRTHDAY 32 (Years)(13) BIRTHPLACE Fairfield Co.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 7

MOTHER.

(16) NAME BEFORE MARRIAGE Lizzie Harris(17) PRESENT POSTOFFICE OF MOTHER Horatio S.C.(18) COLOR OR RACE Col.(19) AGE AT LAST BIRTHDAY 32 (Years)(20) BIRTHPLACE Richland Co.(21) OCCUPATION House wife(22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Stableburg (Hour A. M. or P. M.) 8 P.

on the date above stated.

(24) (Signature) Melton Wilson

(25) State whether Physician or Midwife and address of Physician or Midwife

Father Horatio S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

On Filed July 1 1916

(27)

Benjamin Sanders 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 on stillbirths before the fifth month of pregnancy.