

Form No. 1

(1) PLACE OF BIRTH

County of SumpterTownship of SumpterInc. Town of ScotiaCity of Scotia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2401 Registered No. 58

File No. For State Registrar Only

18978

(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 Carrie Wilson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or Triplet? no(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH May 20 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Wilson(9) PRESENT POSTOFFICE OF FATHER Scotia(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 17
(Years)(12) BIRTHPLACE Scotia(13) OCCUPATION labour(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Arabella Wilson(15) PRESENT POSTOFFICE OF MOTHER Scotia(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Scotia(19) OCCUPATION labour(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) James Wilson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Scotia

Given name added from a supplemental report

(26) Witness James Wilson

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

(27) Filed 5/20 22(28) 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.

W. T. Ellis Jr.

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.