

(1) PLACE OF BIRTH

County of AndersonTownship of Belteror
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Milam Wilson

File No.—For State Registrar Only

24691

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300Registered No. 131
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?

(7) DATE OF

BIRTH Aug 23, 22
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL
NAMESam Wilson(14) NAME BEFORE
MARRIAGERoberta Jenkins(9) PRESENT
POSTOFFICE
OF FATHERBelton S.C.(15) PRESENT
POSTOFFICE
OF MOTHERT Belton S.C.(10) COLOR
OR
RACEnegro(11) AGE AT LAST
BIRTHDAY 23
(Years)(16) COLOR
OR
RACEnegro(17) AGE AT LAST
BIRTHDAY 13
(Year)

(12) BIRTHPLACE

Ala

(18) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Rail road work

(19) OCCUPATION

cooking(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:45 A.M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Martha Lader

(24) State whether Physician or midwife

(25) Address of Physic or Midwife

Belton S.C.Birth name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 22

19

(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.