

(1) PLACE OF BIRTH

County of Beaufort

Township of

Inc. Town of

City of Greys Hall, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 600

No. for State Registrar Only

31828

Registered No. 256
(For use of Local Registrar)(2) Full Name of Child Henry Wilson

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

(3) SEX OR
CHILD Boy(4) AGE
at birth 2 1/2(5) MONTHS
at birth 2 1/2(6) DATE OF
BIRTH Sept. 28, 23(7) DATE OF
BIRTH Sept. 28, 23

FATHER.

(8) FULL
NAME Henry Wilson(9) PRESENT
RESIDENCE
OF FATHER Barton S.C.(10) COLOR
OR
RACE negro (11) AGE AT LAST
BIRTHDAY 25(12) BIRTHPLACE Barton S.C.(13) OCCUPATION Farming(14) Number of children born to
mother, including present one 4

MOTHER.

(14) NAME BEFORE
MARRIAGE Catherson Wilson(15) PRESENT
RESIDENCE
OF MOTHER Barton S.C.(16) COLOR
OR
RACE negro (17) AGE AT LAST
BIRTHDAY 23(18) BIRTHPLACE Barton S.C.(19) OCCUPATION Housework.(20) Number of children of this mother
and living, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born: Sept. 28, 23
on the date above stated.(22) (Signature) Sophie Williams(23) State whether Physician or Midwife Physician Address of Physician or MidwifeGiven name above given a suggestion
on birth(24) Witness Mrs. R. J. Hammon(25) Date Oct. 12, 23 and Wade, K. H.