

(1) PLACE OF BIRTH

County of PickensTownship of Easley

or

Inc. Town of EasleyCity of Easley

(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

File No.—For State Registrar Only

50197

Registration District No. 37-a Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Frank Wilson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 1916

Is he registered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. H. Wilson(9) PRESENT POSTOFFICE OF FATHER Easley S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Pickens S.C.(13) OCCUPATION actor(20) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Corie May Vaughn(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Spaulding Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. E. Russell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Easley S.C.

Given name added from a supplemental report

June 9, 1916H. E. Russell Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 21, 1916 (28) E. G. Wyatt 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.

Registrar

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WHEN 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 5.

W. B. McCaw, of Columbia

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