

1) PLACE OF BIRTH

County of Beaufort...
 Township of Salmon...
 or
 Inc. Town of
 or
 City of (No. St.: Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3200

Registration District No. 693A... Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Willie Wilson

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

3) BOY OR
GIRL4) Twin
or Triplet?5) Number in
order of birth6) Are
Parents
Married?

7) DATE OF

BIRTH Feb. 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL
NAMEFrederick Wilson9) PRESENT
POST OFFICE
OF FATHERDale, S. C.10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 39
(Years)

12) BIRTHPLACE

Camerton, S. C.

13) OCCUPATION

Farmer14) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGEMathie Wilson(15) PRESENT
POST OFFICE
OF MOTHERDale, S. C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 32
(Years)

(18) BIRTHPLACE

Beaufort Co., S. C.

(19) OCCUPATION

Farmer's wife(20) Number of children of this mother
now living, including present birth5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, Born alive... at U. S. P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha E. Egan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Beaufort Co., S. C.Dale, S. C.

Given name added from a supplement-
 tal report

(26) Witness

(Signature of Witness necessary only
 when question 22 is signed by mark)(27) Filed Feb. 23, 1922(28) Meir Taylor

(29) 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.

REVISION, FEBRUARY 1922. FOR THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. THIS FORM IS TO BE FILLED IN BY THE REGISTRAR OR BY THE FATHER, MOTHER, OR OTHER PERSON HAVING KNOWLEDGE OF THE BIRTH OF THE CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, BEAUFORT COUNTY, SOUTH CAROLINA. NO. 1. THIS FORM IS TO BE FILLED IN BY THE REGISTRAR OR BY THE FATHER, MOTHER, OR OTHER PERSON HAVING KNOWLEDGE OF THE BIRTH OF THE CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, BEAUFORT COUNTY, SOUTH CAROLINA. NO. 1.