

16 093568

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00292

1. PLACE OF BIRTH.

County of FairfieldTownship of 8

or

Inc. Town of Ridgeway

or

City of GeoRegistration District No. 1907Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

2. FULL NAME OF CHILD

Laurence Bertram Wilson (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl

If Plural
births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of
birth.....April 21 1916
(Month, day, year)Boy

5. Number, in order of birth.....

Full term.....

Married? Yes9. Full
name

FATHER

Laurence Melton Wilson18. Name before
marriage

MOTHER

Rosa Mae Douglas

10. Residence (mailing address)

(If non-resident, give place and State)

Ridgeway, S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Ridgeway, S.C.11. Color white12. Age at last birthday 39 (Years)20. Color white21. Age at last birthday 37 (Years)13. Birthplace (city or place)
(State or country)Fairfield, S.C.22. Birthplace (city or place)
(State or country)Fairfield, S.C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

19.....

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work

19.....

27. Number of children of this mother
(At time of birth and including this child) 7(a) Born alive and now living..... 6 (b) Born alive but now dead..... (c) Stillborn..... 128. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 A m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at..... M. on above date. (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

Given name added from

a supplementary report.....
(Date of)

(Signed)....., M.D.

or Anna Porter, M.D. Midwife.Address Ridgeway, S.C.Filed 6/26/16 1916 W. S. E. Hester
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)