

(1) PLACE OF BIRTH

County of HammondTownship of Snippons RiverInc. Town of.....
or

City of.....

(No. St.; Ward)
(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

19068

Registration District No. 4509 IIRegistered No. 46

(For use of Local Registrar)

(2) Full Name of Child Clorne Wilson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH May 1, 1907
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

O. A. Wilson

(9) PRESENT POSTOFFICE OF FATHER

Hammond

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY.....

22
(Years)

(12) BIRTHPLACE

Hammond

(13) OCCUPATION

Labourer

MOTHER.

(14) NAME BEFORE MARRIAGE

Retha Welf

(15) PRESENT POSTOFFICE OF MOTHER

Hammond

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY.....

21
(Years)

(18) BIRTHPLACE

Hammond

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Clorne at 1 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma Wilson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hammond

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 1, 1907 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.