

(1) PLACE OF BIRTH

County of Oconee
 Township of Legado
 or
 Inc. Town of
 or
 City of

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

Registration District No. 35.65

File No.—For State Registrar Only

31540Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept 1 22</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas M. Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Ma Crain</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Oconee</u>	(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)		
(18) BIRTHPLACE <u>Oconee</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>First</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 2:30 P.M. on the date above stated.
 (Born alive or dead) (Hour A. M. or P. M.)

(23) (Signature) John Simpson M.D.
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Westminster S.C.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) File Sept 11 1922 (28) 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.

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