

(1) PLACE OF BIRTH

County of Lee
Township of Gresham
or
Inc. Town of

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

FILE NO. 41405

Registration District No. 3000 Registered No. 107
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Matthew Wilson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth No (5) Number in order of birth No (6) DATE OF BIRTH Dec. 14, 1923
(7) (Month of Birth) (Day) (Year)

FATHER.
(8) FULL NAME Wesley Wilson
(9) PRESENT RESIDENCE Elliot St.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Lee Co. S.C.
(13) OCCUPATION Farm work

MOTHER.
(14) NAME BEFORE MARRIAGE Jessie Danner
(15) PRESENT RESIDENCE OF MOTHER Elliot St.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE Lee Co. S.C.
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Willie Dean
(23) Place where Physician or Midwife Midwife (24) Address of Physician or Midwife Elliot St.

Given name added from a supplementary report
(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(26) Date 1/2/24 (27) Local Registrar J. F. McIntosh

When this child is born, the father, householder, etc., should make this return. If a child is born stillborn, no report is desired of stillbirth. Within the last month of pregnancy.