

IN THE CITY OF COLUMBIA, SOUTH CAROLINA, I, REGISTRAR, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD OF BIRTH, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		5997	
Township of <u>Forsytheville</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <u>5204</u>		Registered No. <u>11</u>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>James Francis Wilson</u> If child is not yet named, make supplemental report as directed					
(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin <input checked="" type="checkbox"/> or Triplet?	(5) Number in order of Birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 27</u> 19 <u>22</u> (State of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm W. Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Don James</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jackson N.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jackson N.</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Union Co.</u>			(18) BIRTHPLACE <u>Forsythe Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5/10</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. H. Davis</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Jackson N.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>3/15</u> 19 <u>22</u> (28) <u>Geo. L. Wan</u> 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.					

MOBILE OF COLUMBIA, COLUMBIA, S. C.