

(1) PLACE OF BIRTH

County of Columbia  
Township of Christ Church  
or  
Inc. Town of  
or  
City of (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**CERTIFICATE OF BIRTH**

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

File No. - For State Registrar Only  
**10335**

Registration District No. 901 Registered No. 56  
(For use of Local Registrar)

(2) Full Name of Child Joseph Wilson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets

(5) Age Person Married? Yes

(7) DATE OF BIRTH April 2, 1922  
(Name of Month) (Day) (Year)

FATHER  
(6) FULL NAME Benjamin Wilson  
(9) PRESENT POSTOFFICE OF FATHER Met Pleasant St  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)  
(12) BIRTHPLACE Charleston Co  
(13) OCCUPATION Laborer  
(22) Number of children born to mother, including present birth Eight

MOTHER  
(14) NAME BEFORE MARRIAGE Rosa Bester  
(15) PRESENT POSTOFFICE OF MOTHER Met Pleasant St  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Year)  
(18) BIRTHPLACE Charleston Co  
(19) OCCUPATION House Work  
(21) Number of children of this mother now living, including present birth Eight

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Mary at 9:00 PM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) James Wilson  
(24) State where Physician or Midwife is Licensed South Carolina (25) Address of Physician or Midwife Met Pleasant St

Given name added from \_\_\_\_\_ report

(26) Signature of Witness (Signature of Witness necessary only when question 22 is signed by mark) James Wilson  
(27) Local Registrar

\*When there was no attendance by a physician or midwife, the father, householder, etc. should make this return. If a child breathes even once in the month of pregnancy.

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