

(1) PLACE OF BIRTH

County of Pinkana.....Township of Wasley.....or
Inc. Town of.....or
City of.....

(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

37262

Registration District No. 3702... Registered No. 82.....
(For use of Local Registrar)(2) Full Name of Child Charlie Washington Wilson— If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 30, 1933</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Henry Wilson,(9) PRESENT POSTOFFICE OF FATHER Wasley, S.C. #5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

Farmer,(14) Number of children born to mother, including present birth (1(2))

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Odessa Wilson, (?)(15) PRESENT POSTOFFICE OF MOTHER Wasley, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(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 alive..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mrs. VIMIE BLACK Midwife(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Wasley, S.C. #5

Given name added from a supplemental report

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

(26) Filed NOV. 26, 1933 (27) E. F. Wyatt 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.