

Form No. 1.

(1) PLACE OF BIRTH

County of Florence

Township of S.C.

Inc. Town of  
or

City of Florence

(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

46175

Registration District No. 20-A

Registered No. 6

(For use of Local Registrar)

(No. 9th St.; 7 Ward)

(2) Full Name of Child. Thorburn Wilson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? with

(5) Number in order of birth 3

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 7th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Vincent Wilson

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE Florence S.C.

(13) OCCUPATION Baker

(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Clarendon Wilson

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Darlington S.C.

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sadie Lee

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Crawford St.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 14 1916

(28) C. C. Craft M.D.

Local Registrar.

MARGIN RESERVED FOR BONDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCraw of Columbia

\*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.