

Form No. 1

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Penn  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32674

Registration District No. 4308 Registered No. 88  
 (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 Thomas Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Hobby Wilson

(9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21  
 (Years)

(12) BIRTHPLACE Williamsburg co. S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Carrie Huger

(15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18  
 (Years)

(18) BIRTHPLACE Williamsburg co. S.C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lerna B. Hester

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Depot, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 13<sup>th</sup> 1922 (28) A. R. Moseley 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.

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.

MACAW OF COLUMBIA, COLUMBIA, S. C.