

WITNESS PLACES, WRITE IN PAPER BACK, FOR BACK OF FORM, NO. 1.
PRINTED NAME OR TRADE NAME OF PERSON TO BE TESTIMONY.

(1) PLACE OF BIRTH
County of Lancaster
Township of or
Inc. Town of or
City of or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. Walton)

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

No. - For this Report Only
41410

Registration District No. 167
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child Julie Wilson

(3) Boy or Girl Girl (4) Twin or Triplets or
To be answered only in event of Twins or Triples

(5) Name in order of birth Yes (6) Date of Birth Dec. 31, 1923
(Name of Month) (Day) (Year)

FATHER.

(7) Full Name Jesse Wilson
(8) Present Post Office of Father Simpson St.
(9) Color White (10) Age at Last Birthday 38
(Race) (Years)
(11) Birthplace Wilson St.
(12) Occupation Fanner

(13) Number of children born to mother, including present birth 5

MOTHER.

(14) Name before marriage Kate Peeler

(15) Present Post Office of Mother Simpson St.

(16) Color White (17) Age at Last Birthday 32
(Race) (Years)

(18) Birthplace Lee Co. S.C.

(19) Occupation House work

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Julia Mack

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife 100 W. Main Street

(25) Name of Physician or Midwife Mary Easton

Gives same added from a supplemental report

(26) Witness J. T. Whitlock

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

19
Registrar

(27) Filed 1/9/24

(28) 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.