

MARGIN RESERVED FOR BINDING.  
 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 6.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of St. Clements  
 or Inc. Town of St. Clements  
 or City of Dorchester (No. 9-13 St.; 201 Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (2) Full Name of Child Virginia Wilson (If child is not yet named, make supplemental report as directed)

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

No. — For State Registrar Only  
27509

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH (Month) <u>April</u> (Day) <u>23</u> (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Roast Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Mary Doyle</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>St. Clements</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Clements</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Charleston Co.</u>		(18) BIRTHPLACE <u>Charleston Co.</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>two</u>		(21) Number of children of this mother now living, including present birth <u>two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 4 ft. at 4 ft. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia Gummors  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Clements

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Chas. A. Dickinson

(27) Filed Apr 17 1923 at St. Clements 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.