

(1) PLACE OF BIRTH

County of Wm. burgTownship of Permitor
Inc. Town ofor
City of(No. St. Ward)
(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 HealthFile No. - For State Registrar Only
22870Registration District No. 4308Registered No. 155
(For use of Local Registrar)(2) Full Name of Child Brose 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 July 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Wilson(9) PRESENT POSTOFFICE OF FATHER Lanes, S.S.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE Wm. burg co. S.S.(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Calvin Monzon(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.S.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Wm. burg co. S.S.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Fannie Chandler(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lanes - S.S.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 24 1923 (28) AR Mosley
Registrar 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.