(1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or

Inc. Town of Spartanburg

or

City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22492

Registration District No. 40-A Registered No. 29

(Name or No. of Local Registrar)

(No. General Hospital St. ..... Ward)

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

(2) Full Name of Child William Bennett Wilson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ✓

(5) Number in order of birth ✓

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH July (Name of Month) 7 (Day) 23 (Year)

FATHER.	MOTHER.
(8) FULL NAME William Stanley Wilson	(14) NAME BEFORE MARRIAGE Nola Daniel
(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Sou. Car.	(18) BIRTHPLACE Sou. Car
(13) OCCUPATION Mail Carrier	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:10 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. C. Bennett M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 8-1-1923 (28) Jas. Cofer
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.

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