

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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 Health

File No.—For State Registrar Only

42805

Registration District No. 2002 Registered No. 84

(For use of Local Registrar)

## 2) Full Name of Child

Edith Wilson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 7

(Name of Month) (Day) (Year)

1915

## FATHER

(8) FULL NAME

Clinton L. Wilson

(9) PRESENT POSTOFFICE OF FATHER

Immunoisville Rd

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

Dorchester Co SC

(13) OCCUPATION

Farming

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

one

## MOTHER

(14) NAME BEFORE MARRIAGE

Bertha H. Walsh

(15) PRESENT POSTOFFICE OF MOTHER

Immunoisville Rd

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

Florence Co SC

(19) OCCUPATION

Domestic

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive at

(Hour) (M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Immunoisville Rd

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(28)

Will L. Taylor

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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