

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Upson

Township of

or Inc. Town of

or City of Waynesboro, S.C.

(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

17967

Registration District No. 10 Registered No. 146
(For use of Local Registrar)

(2) Full Name of Child Francis Juanita Wilson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 26</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Harry Wood Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Marie J. Stenberg</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waynesboro, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waynesboro, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Waynesboro, S.C.</u>			(18) BIRTHPLACE <u>Waynesboro, S.C.</u>	
(13) OCCUPATION <u>Box driver</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Sherrard
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Waynesboro, S.C.

Given name added from a supplemental report

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

(27) Filed 7/10, 1922 (28) N. F. Smith 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.

MCGRAW HILL BOOK CO. COLUMBIA, S. C.