

FORM NO. 6.

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 5.

State of Columbia.

(1) PLACE OF BIRTH

County of *Charleston*
Township of
or
Inc. Town of
or
City of *Charleston 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

80517

Registration District No. *9A*Registered No. *1103*
(For use of Local Registrar)(2) Full Name of Child *Julia Josephine Wilson*

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

2(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct 12* 19*16*
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME

William Wilson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY *22*
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Music Teacher

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Irene Gadsden

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY *21*
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

housekeeper

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *11/4* P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *P. Philippa*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Montague*

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed *10/18* 191*6*

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

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Registrar

Filed *10/31*19 *16*

J. M. Green, M.D.

Corrected: JUN 26 1940

LEON DANDY, M.D.

REGISTRAR