

## (1) PLACE OF BIRTH

County of *Williamsburg*Township of *Sumter*Inc. Town of .....  
orCity 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

75159

Registration District No. *4310* Registered No. *29*

(For use of Local Registrar)

(2) Full Name of Child. *C. Clark Wilson* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>BOY</i>	(4) Twin <i>Twin</i> or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 28, 1916</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME <i>David Wilson</i>	(14) NAME BEFORE MARRIAGE <i>Bilea Wilson</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Lake City SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Lake City SC</i>
(10) COLOR OR RACE <i>Black</i>	(16) COLOR OR RACE <i>Black</i>
(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>20</i> (Years)
(12) BIRTHPLACE <i>Williamsburg</i>	(18) BIRTHPLACE <i>Florence Co.</i>
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Adeline Wilson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife* | *Cader. SC*

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *8/29/16* (28) *W. H. Fitch* 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.