

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Sunder
 or
 Inc. Town of
 or
 City of No.
 (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)
 St.; Ward)

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

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

FATHER.

(8) FULL NAME David Wilson

(9) PRESENT POSTOFFICE OF FATHER Lake City SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Williamsburg

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bilea Wilson

(15) PRESENT POSTOFFICE OF MOTHER Lake City SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Florence Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 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 | Cades. SC

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 9/29/16 (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.

McCaw of mbie. 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.