

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 1 mention of Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of St.  
or  
Inc. Town of "  
or  
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

No. 5192

Registration District No. 4A-2 Registered No. 68  
(For use of Local Registrar)  
(No. 127 Chase St.; 4 Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Willie Wilson

(1) SEX OR GIFT Male (2) Type or Title 3 (3) Number in order of birth 3 (4) Age 4 (5) DATE OF BIRTH Feb 9 23  
(If in covered only in case of Type or Title) (Name of Month) (Year)

FATHER  
(6) FULL NAME George Abbott Wilson  
(7) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.  
(8) COLOR OR RACE Col (9) AGE AT LAST BIRTHDAY 32 (Year)  
(10) BIRTHPLACE Newbury, S.C.  
(11) OCCUPATION Labourer  
(12) Number of children born to mother, including present birth 3

MOTHER  
(13) NAME BEFORE MARRIAGE Esther Williams  
(14) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.  
(15) COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 27 (Year)  
(17) BIRTHPLACE Newbury, S.C.  
(18) OCCUPATION at home  
(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(20) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(21) (Signature) A. R. Fitch  
(22) State whether Physician or Midwife Phys (23) Address of Physician or Midwife Spartanburg, S.C.

(Given name added from a supplemental report)  
(24) Witnesses (Signature of Witnesses necessary only when question 23 is signed by mark)  
(25) Filed 2-1-23 (26) Local Registrar Jas. Coker

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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