

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charlotte (No. 94 Broad St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hugh de Vear Wilson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. P. Wilson(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Broker(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Corrie H. Boimireau(16) PRESENT POSTOFFICE OF MOTHER City(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 24 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION House(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour 7:30 A. M. or P. M.)

on the date above stated.

(23) (Signature) J. A. Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife City

Given name added from a supplemental report

5-13-42 101M. B. W. Registrar

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

(27) Filed 12/1/16 (28) J. M. Merrett 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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88681

1402

Registered No. (For use of Local Registrar)

St.; Ward)

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