

Form No. 1.

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of McCollum

Bureau of Vital Statistics

Township of Princetonville

State Board of Health

or  
Inc. Town of

Registration District No. 3303

Registered No. 1

(For use of Local Registrar)

or

City of

(No. ....)

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. Morpha Wilson

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are yes Parents Married?

(7) DATE OF BIRTH

Jan 4 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Wilson

(9) PRESENT POSTOFFICE OF FATHER

Blenheim SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

George Town

(13) OCCUPATION

Lumberman

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

1

(14) NAME BEFORE MARRIAGE

Mattie Miles

(15) PRESENT POSTOFFICE OF MOTHER

Blenheim SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Monroe Co

(19) OCCUPATION

Housewife

(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 born alive at 2 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Cherity Shadma

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Jan 11 1916

(28)

R. D. Rogers

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.

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.

McGaw, of Columbia.