

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Pineblake  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

91990

Registration District No. H. D. H. Registered No. 144  
 (For use of Local Registrar)

(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 Lillie Mae 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Wilson

(9) PRESENT POSTOFFICE OF FATHER Sumter S. C. R#2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE Lawrence Co S. C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth G. G. G.

(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C. R#2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25

(18) BIRTHPLACE Sumter Co S. C.

(19) OCCUPATION House and field work

(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 Born alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Wilson

(24) State whether Physician or Midwife Father (25) Address of Physician or Midwife Sumter S. C. R#2

Given name added from a supplemental report

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

(27) Filed Dec 24 1916 (28) Silva B. Holt 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.