

(1) PLACE OF BIRTH

County of Laurens
 Township of Indianland
 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

29006

Registration District No. 2906 Registered No. 19
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 28, 1923
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jas. R. Wilson

(9) PRESENT POSTOFFICE OF FATHER Van Wyck, S. C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
 (Year)

(12) BIRTHPLACE Laurens Co. S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ashley

(15) PRESENT POSTOFFICE OF MOTHER Van Wyck, S. C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
 (Year)

(18) BIRTHPLACE Laurens Co. S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Wilson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Laurens Co. S. C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9 19 23 (28) J. P. Pierce Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.