

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Sumter

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75158

Inc. Town of ..... Registration District No. 4310 Registered No. 28  
 or  
 or  
 City of ..... 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 Mamie Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ..... (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug, 28 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME David Wilson (14) NAME BEFORE MARRIAGE Belle Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Lake City SC. (15) PRESENT POSTOFFICE OF MOTHER Lake City SC.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
 (12) BIRTHPLACE Williamsburg (18) BIRTHPLACE Florence  
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth { 2 (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 alive, at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Wilson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Cades, SC.

Given name added from a supplemental report

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

(27) Filed 8.29 1916 (28) H. A. Fitch 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.

ALL, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of child.