

(1) PLACE OF BIRTH

County of York
Municipality of York
or
In Town of York
or
City of York

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

No. for State Register
8264

Registration District No. 3706

Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child Bessie May Wilson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female
(4) Twin or Triplet No
(5) Number in order of birth 1
(6) DATE OF BIRTH Mar 10 1933
(7) AGE AT LAST BIRTHDAY 19
(8) COLOR OR RACE W
(9) BIRTHPLACE S.C.
(10) OCCUPATION Domestic
(11) Number of children born to mother, including present birth 1

FATHER
(12) NAME BEFORE MARRIAGE Thomas Gaudin
(13) PRESENT RESIDENCE OF FATHER York S.C.
(14) COLOR OR RACE W
(15) BIRTHPLACE S.C.
(16) OCCUPATION Domestic
(17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Near A. M. or P. M.)
(21) (Signature) Bill Ferguson
(22) State whether Physician or Midwife Physician
(23) Address of Registrar York S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. C. Yoder
(25) Filed 19 (26) 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.