

USE OF THIS FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Laurens
 Township of Indian Land
 Inc. Town of
 City of

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

No. for State Registrar Only
437

Registration District No. 125

Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

Wilson

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

(a) BOY OR GIRL Girl (b) Twin or Triplet — (c) Number in order of birth — (d) Are Parents Married yes (e) DATE OF BIRTH Nov 28 23
 (Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Douglass Barron Wilson
 (7) PRESENT POSTOFFICE OF FATHER Rt 1 Anderson S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE Laurens Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Freda Viola Griffin
 (15) PRESENT POSTOFFICE OF MOTHER Rt 1 Anderson S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Laurens Co. S.C.
 (19) OCCUPATION None
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Here alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. M. Telle
 (24) State whether Physician

(25) Address of Physician or Midwife RR 1 Anderson S.C.

Given name added from a supplemental report

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

(27) Signed (28) Local Registrar

When there was no attending physician or midwife, the father, housewife, etc., should make this return. If a child breathed only once, it should be reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.