

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Mecklenburg

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75002

Township of Windsor

or

Inc. Town of

or

City of

Registration District No. 4401Registered No. 28

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arnold Eugene Wilson Child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME McLamb Wilson(14) NAME BEFORE MARRIAGE Douglas Eick-(9) PRESENT POSTOFFICE OF FATHER Irmo, Ga(15) PRESENT POSTOFFICE OF MOTHER Jacksonville, Ga(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Union Co S.C.(18) BIRTHPLACE Union Co S.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth { 5 }(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-10-19 M., on the date above stated. (Born alive or stillborn) (House or P. M.)(23) (Signature) Harrell McBeth

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife Irmo, Ga

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 1919(28) J. Boyd Lancaster 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.

MARGIN RESERVED FOR BINDING.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.