

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Union

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

75002

Township of Wadesville

or

Inc. Town of

or

City of

Registration District No. 4401 Registered 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 David Eugene Wilson Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 23</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <u>McLamb Wilson</u>	(14) NAME BEFORE MARRIAGE <u>Dauglis Eick-</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Irmoville Pa</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Irmoville Pa</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Union Co S.C.</u>	(18) BIRTHPLACE <u>Union Co S.C.</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother new living, including present birth <u>4</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-12 M., on the date above stated. (Born alive or stillborn) (Hour and P. M.)(23) (Signature) Harrell McBeth(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Irmoville

Given name added from a supplemental report

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

(27) Filed Sept 24 1916 (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 in the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.