CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12738

(1) PLACE OF BIRTH
County of Saluda
Township of #2
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3901 Registered No. 29
(For use of Local Registrar)
(No. St.; Ward)

2) Full Name of Child: Alec Wilson
If 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
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH 2 (Name of Month) 15 (Day) 22 (Year)

FATHER.

(8) FULL NAME: Alec Wilson
(9) PRESENT POSTOFFICE OF FATHER: Ridge Spring
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Saluda Co. S. C.
(13) OCCUPATION: Farm Laborer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Wafie Weaver
(15) PRESENT POSTOFFICE OF MOTHER: Ridge Spring
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY: 23 (Years)
(18) BIRTHPLACE: Edgefield Co. S. C.
(19) OCCUPATION: H. W. & Farm Laborer
(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 born alive at 5 a. m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. A. Bruce M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife: Ridge Spring

Given name added from a supplemental report
..... 191....
..... Registrar.

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

(27) Filed May 10 1922 (28) F. H. Crouch 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.

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.

N. B.—In case of suspicion of the falsification of a signature, the name of the person, No. 2, etc., in question, should be reported to the Public Health Officer, No. 4, Public Health Building, State of California.