

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

29879

Registered No. 84
(For use of Local Registrar)

(2) Full Name of Child

John Henry Wilson

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 16, 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Wilson

(9) PRESENT POSTOFFICE OF FATHER

Lumberton S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Davis

(15) PRESENT POSTOFFICE OF MOTHER

Lumberton S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ann Holloman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

R. M. Jones

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

(27) Filed

Sept. 18, 1922

(28)

R. M. Jones

Registrar

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.