

WRITE PLAINLY, 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.

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
Township of # 8
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43837

Registration District No. 3406 Registered No. 46
(For use of Local Registrar)

St.; Ward)
(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carrie Belle Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Johnnie Wilson
(9) PRESENT POSTOFFICE OF FATHER Newberry R 1
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Narcissie Wilson
(15) PRESENT POSTOFFICE OF MOTHER Newberry R 1
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm help
(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 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Maggie Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Newberry R 4

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10, 1923

(28)

J. L. Bonlivare
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.