

(1) PLACE OF BIRTH
 County of Sumner STATE OF SOUTH CAROLINA
 Township of Mayrsville Bureau of Vital Statistics
 or Inc. Town of _____ Registration District No. 4102 State Board of Health
 or _____ Registered No. 18
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Bo (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Y (7) DATE OF BIRTH Sept 23 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jawo Wilson
 (9) PRESENT POSTOFFICE OF FATHER Mayrsville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Lilli James
 (15) PRESENT POSTOFFICE OF MOTHER Mayrsville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 a M., on the date, above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caro Ann Brown
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Mid wife Mayrsville S.C.

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 Sept 23 1916 (28) W. G. Thomas 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.

FORM NO. 10. MARGIN RESERVED FOR FILING. WHEN FILING, WITH USUALLY 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. McCRAW, of Columbia.

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