

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

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 4102

Registered No. 18
 (For use of Local Registrar)
 St.; _____ Ward

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

FATHER.
 (8) FULL NAME James 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 Lillie 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 Housewife
 (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 _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carver (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife 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 29 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.

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Form No. 10. MARGIN RESERVED FOR FILING. WITH EXISTING 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. McCaw, of Columbia.