

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 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

No. for State Registrar Only
37844

Registration District No..... Registered No. **127**
 (For use of Local Registrar)

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

(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are marks present Yes (7) Date of Birth Nov 8 1923
 To be reported only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) Full Name Benjamin Wilson
 (9) Present Postoffice of Father Sumter S.C.
 (10) Color or Race Black (11) Age at Last Birthday 43 (Year)
 (12) Birthplace.....
 (13) Occupation Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (15) Name before Marriage Pearl Lusk
 (16) Present Postoffice of Mother Sumter S.C.
 (17) Color or Race Black (18) Age at Last Birthday 42 (Year)
 (19) Birthplace.....
 (20) Occupation Housewife
 (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 or stillborn) (Sex A. M. or P. M.)
 on the date above stated.

(23) (Signature) James Wilson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed..... (28) 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.