

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UPWARD INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Orange

Township of Seneca

Inc. Town of .....

City of .....

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

Registration District No. 3104

No. for State Registrar Only  
**11464**

Registered Nurse 40  
(For use of Local Registrar)

(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 Luther Angus Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 3 (6) Age of Mother 24 (7) DATE OF BIRTH July 24 1923 (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Luther Angus Wilson  
(9) PRESENT POSTOFFICE OF FATHER Seneca, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)  
(12) BIRTHPLACE In Orange Co., S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Lillian Bernier Norton  
(15) PRESENT POSTOFFICE OF MOTHER Seneca, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)  
(18) BIRTHPLACE In Charleston Co., S.C.  
(19) 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 at 5:30 P.M. on the date above stated. (Born alive or stillborn) Hour M. or P. M.)

(23) (Signature) J. P. Green (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Seneca, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 4/10/23 1923 (28) J. P. Green 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.

Registrar J. P. Green  
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