

## (1) PLACE OF BIRTH

County of Char. S.C.

Township of .....

OF  
Inc. Town of .....OF  
City of Char. S.C.

(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

File No.—For State Registrar Only

27483

Registration District No. 9ARegistered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

Robert Wilson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 21, 23  
(Name of child) (Day) (Year)

(8) FULL NAME

Robert Wilson

(9) PRESENT POSTOFFICE OF FATHER

Char. S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

3 1/2  
(Years)

(12) BIRTHPLACE

Mayville, S.C.

(13) OCCUPATION

machinist

(14) NAME BEFORE MARRIAGE

James Hill

(15) PRESENT POSTOFFICE OF MOTHER

Char. S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Char. S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sept 21, 1923 at 3 P.M.  
on the date above stated. (Born alive or otherwise) (Hour A.M. or P.M.)

(23) (Signature)

James Washington

(24) State whether Physician or Midwife

Physician

(Given name added from a supplemental report)

(25) Witness

Rebecca M. Armstrong  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) File

7-27-23  
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. In question 1 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2

Medium of Columbia, Columbia, S. C.