

(1) PLACE OF BIRTH

County of Char. S.C.

Township of

Inc. Town 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. 9A Registered No.
(For use of Local Registrar)

(No. 6 Cooper St.; Ward)

(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? —

5) Number in order of birth 6

6) Are Parents Married? Yes

7) DATE OF BIRTH Sept 21, 23
(Name of Month) (Day) (Year)

FATHER

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) Number of children born to mother, including present birth 6

MOTHER

14) NAME BEFORE MARRIAGE Janet 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 of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Joseph Washburn

(23) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

(24) Witness Rebecca M. Armstrong

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

(25) 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. See FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Form No. 10, Columbia, S. C.