

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Mayesville
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74887

Registration District No. 4102 Registered No. 92
(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 James Austin Wilson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 31, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Wilson

(9) PRESENT POSTOFFICE OF FATHER Mayesville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Mayesville S.C.

(13) OCCUPATION John

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Anderson

(15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C. (Lin Co)

(19) OCCUPATION Wash Woman

(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 Alive at 8.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Alexander
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville

Given name added from a supplemental report
.....
....., 19.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. J. Thomas
(27) Filed Aug 31, 1916 (28) W. J. 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.