

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  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

| GREENVILLE                                                                                                                                                                                                                                                    |                      |                              |                                    | CERTIFICATE OF BIRTH                                                                  |                    | File No.—For State Registrar Only |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------------------|--------------------|-----------------------------------|--|
| STATE OF SOUTH CAROLINA                                                                                                                                                                                                                                       |                      |                              |                                    | Bureau of Vital Statistics                                                            |                    | 1450                              |  |
| City of Greenville                                                                                                                                                                                                                                            |                      |                              |                                    | Registration District No. 22097                                                       |                    | Registered No. 34                 |  |
| City of Greenville                                                                                                                                                                                                                                            |                      |                              |                                    | Linn BIRTH, MEMORIAL HOSPITAL                                                         |                    | St. Ward                          |  |
| (2) Full Name of Child <u>Jack Gideon Wilson</u>                                                                                                                                                                                                              |                      |                              |                                    | If child is not yet named, make supplemental report as directed                       |                    |                                   |  |
| By Court Order 2/20/56 JACK GIDION COLLINS                                                                                                                                                                                                                    |                      |                              |                                    |                                                                                       |                    |                                   |  |
| (3) BOY OR GIRL? <u>Boy</u>                                                                                                                                                                                                                                   | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH                                                                     | <u>Jan 10 1922</u> |                                   |  |
| To be answered only in event of Twins or Triplets                                                                                                                                                                                                             |                      |                              |                                    | (Name of Month) (Day) (Year)                                                          |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | MOTHER.                                                                               |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (14) NAME BEFORE MARRIAGE <u>Pearle Wilson</u>                                        |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>                             |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (16) COLOR OR RACE <u>White</u>                                                       |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)                                           |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (18) BIRTHPLACE <u>N. C.</u>                                                          |                    |                                   |  |
|                                                                                                                                                                                                                                                               |                      |                              |                                    | (19) OCCUPATION <u>Field work</u>                                                     |                    |                                   |  |
| (20) Number of children born to mother, including present birth <u>1</u>                                                                                                                                                                                      |                      |                              |                                    | (21) Number of children of this mother now living, including present birth <u>1</u>   |                    |                                   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*                                                                                                                                                                                                                |                      |                              |                                    |                                                                                       |                    |                                   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:45 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)                                                                          |                      |                              |                                    |                                                                                       |                    |                                   |  |
| (23) (Signature) <u>J. D. Gress</u>                                                                                                                                                                                                                           |                      |                              |                                    |                                                                                       |                    |                                   |  |
| (24) State whether Physician or Midwife <u>Physician</u>                                                                                                                                                                                                      |                      |                              |                                    |                                                                                       |                    |                                   |  |
| (25) Address of Physician or Midwife <u>Greenville, S.C.</u>                                                                                                                                                                                                  |                      |                              |                                    |                                                                                       |                    |                                   |  |
| Given name added from a supplemental report                                                                                                                                                                                                                   |                      |                              |                                    | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |                    |                                   |  |
| <u>Court Order</u>                                                                                                                                                                                                                                            |                      |                              |                                    | <u>Feb 10 1956</u>                                                                    |                    |                                   |  |
| <u># 935</u>                                                                                                                                                                                                                                                  |                      |                              |                                    | <u>J. D. Mackey</u>                                                                   |                    |                                   |  |
| Registrar                                                                                                                                                                                                                                                     |                      |                              |                                    | 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. |                      |                              |                                    |                                                                                       |                    |                                   |  |