

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston Mill

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

14418

Registration District No. 1314Registered No. 25

(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

William Madison Wilson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> To be answered only in event of Twins or Triplets	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>May 6 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William David Wilson</u>			(14) NAME BEFORE MARRIAGE <u>Martha Lee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Walter S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) COLOR OR RACE <u>White</u>	
(13) OCCUPATION <u>Teacher</u>			(19) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(20) Number of children born to mother, including present birth <u>1012</u>			(21) BIRTHPLACE <u>S.C.</u>	
			(22) OCCUPATION <u>Housewife</u>	
			(23) Number of children of this mother now living, including present birth <u>1012</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

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

(27) Filed June 1 1923 (28) R. E. Thompson 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.

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