CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
55645

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville (No. 40 Wilson St.; 2nd Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-3 Registered No. 106 (For use of Local Registrar)

(2) Full Name of Child Leslie Wilson

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	X	X	Yes	Oct. 6, 1915 (Name of Month) (Day) (Year)

To be answered only in event of twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Charlie Edward Wilson	(14) NAME BEFORE MARRIAGE Annie Bell Cromwell
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Mill work	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. C. Cochran

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct. 7th 1915. (28) T. C. Power 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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McCaw, of Columbia.
FORM NO. 3
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.