

## Wilson Franklin Freeman



Born: 12 Oct 1878 Hampton, SC  
Married: Mattie Shipes  
Died: 12 Jan 1948 Sanford, FL  
Parents: John Freeman & Sara Sauls



STATE South Carolina 9-147 DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS  
 COUNTY Georgetown FOURTEENTH CENSUS OF THE UNITED STATES: 1920  
 TOWNSHIP OR OTHER DIVISION OF COUNTY Purple Township NAME OF INCORPORATED PLACE \_\_\_\_\_  
 NAME OF INSTITUTION \_\_\_\_\_ ENUMERATED BY ME ON THE 2

PLACE OF BIRTH	NAME	RELATION	TIME	SEX	AGE	MARRIAGE	CITIZENSHIP	EDUCATION	NATIVITY AND SEX		
									FATHER		MOTHER
									Place of birth	Other nativity	Place of birth
✓	Barrett Correll	son		M	18	S			S Carolina		S Carolina
✓	John P.	son		M	8	S			S Carolina		S Carolina
✓	Franklin	son		M	2	S			S Carolina		S Carolina
✓	Francis	daughter		F	7	S			S Carolina		S Carolina
✓	Freeman Willie W.	head	0	M	37	W			S Carolina		S Carolina
✓	Wanda	wife		F	35	W			S Carolina		S Carolina
✓	Lucille	daughter		F	20	S			S Carolina		S Carolina
✓	John P.	son		M	13	S			S Carolina		S Carolina
✓	Virginia	daughter		F	4	S			S Carolina		S Carolina
✓	Charles W. W.	daughter		F	20	S			S Carolina		S Carolina
✓	Freeman John P.	son	0	M	38	W			S Carolina		S Carolina
✓	Phyllis W.	daughter		F	14	S			S Carolina		S Carolina
✓	Justin S.	daughter		F	16	S			S Carolina		S Carolina
✓	Henry	son		M	11	S			S Carolina		S Carolina
✓	Freeman	son		M	11	S			S Carolina		S Carolina
✓	William	son		M	9	S			S Carolina		S Carolina
✓	Freeman Caroline	head	12	F	41	W			S Carolina		S Carolina
✓	Mattie	wife		F	39	W			S Carolina		S Carolina
✓	Helen	daughter		F	17	S			S Carolina		S Carolina
✓	Eliot	daughter		F	10	S			S Carolina		S Carolina
✓	John	daughter		F	8	S			S Carolina		S Carolina
✓	Paula	daughter		F	6	S			S Carolina		S Carolina
✓	Caroline	daughter		F	4	S			S Carolina		S Carolina
✓	Mary	daughter		F	2	S			S Carolina		S Carolina
✓	Freeman Martin P.	head	0	M	50	W			S Carolina		S Carolina
✓	Paula P.	wife		F	40	W			S Carolina		S Carolina
✓	Wanda	daughter		F	12	S			S Carolina		S Carolina
✓	William	son		M	8	S			S Carolina		S Carolina
✓	Paula	daughter		F	6	S			S Carolina		S Carolina
✓	Paula	daughter		F	4	S			S Carolina		S Carolina

1920 Census showing Wilson Freeman, wife: Mattie, daughter: Helen

# REGISTRATION CARD

SERIAL NUMBER: *637*  
 ORDER NUMBER: *A 105*  
 1 *Wilson Franklin Freeman*

2 PERMANENT HOME: *R.J. Brunson S.C.*  
(No.) (Street or P. O. No.) (City or town) (County) (State)

3 Age in Years: *40* Date of Birth: *Oct 12 1878*  
(Years) (Month) (Day) (Year)

RACE  
 White  Negro  Oriental  Indian  Native   
5 6 7 8 9

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization or by Registration's Majority	Declarant	Non-declarant
10	11	12	13	14
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

16 PRESENT OCCUPATION: *Farmer*  
 17 EMPLOYER'S NAME: *J. J. Bowers Hampton S.C.*

18 PLACE OF EMPLOYMENT OR BUSINESS: *Hampton S.C.*  
(Street or P. O. No.) (City or town) (County) (State)

19 NEAREST RELATIVE Name: *Matth Freeman*  
 20 Address: *R.J. Brunson S.C.*  
(Street or P. O. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
 P. M., et. O. *Wilson Franklin Freeman*  
 Form No. 1 (Red) (Signature of registrant)

WWI registration card

STATE OF FLORIDA

FL

FL

OFFICE of VITAL STATISTICS

CERTIFIED COPY

State Board of Health  
Bureau of Vital Statistics

CERTIFICATE OF DEATH  
FLORIDA

State File No. 2338  
Registrar's No. 7

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED	
(a) County <u>Seminole</u>	District No. <u>69</u>	(a) State <u>Florida</u>	(b) County <u>Seminole</u>
(b) Precinct _____ (Write name, not number)	Precinct No. _____	(c) City or Town <u>Sanford</u>	(If outside city or town limits, write RURAL)
(c) City or Town <u>Sanford</u>	City or Town No. <u>69-12</u>	(d) Street No. <u>1113 Celery Ave</u>	(If rural, give location)
(d) Name of hospital or institution <u>Fernald-Laughton Hosp.</u> (If not in hospital or institution, write street number or location)		(e) Citizen of foreign country? <u>No</u> yes or no	
(e) Length of stay: In hospital or institution <u>3 Days</u>		If yes, name country _____	
At place of death _____ (Specify whether years, months or days)			

3. FULL NAME OF DECEASED <u>Wilson Franklin Freeman</u>				MEDICAL CERTIFICATION	
3 (a) If veteran, name war <u>None</u>		3 (b) Social Security No. <u>None</u>		20. Date of Death: Month <u>Jan</u> , Day <u>12</u> , Year <u>1948</u> . Hour <u>12</u> Minute <u>25A</u> M.	
4. Sex <u>Male</u>		5. Color or race <u>White</u>		21. I hereby certify that I attended the deceased from <u>Jan 3 1948</u> to <u>Jan 12 1948</u> ; that I last saw <del>last</del> <u>last</u> alive on <u>Jan 11 1948</u> ; and that death occurred on the date and hour stated above.	
6. Single, married, widowed or divorced <u>Married</u>		6 (a) If married, widowed or divorced, husband of (or) wife of <u>Mattie Freeman</u>		Immediate cause of death <u>Aortic Pneumonia with lung embolism</u>	
6 (b) Age of husband or wife, if alive <u>66</u> years		7. Birth date of deceased <u>October 11, 1878</u> (month) (day) (year)		Due to <u>Influenza</u>	
8. Age: Years <u>69</u> Months <u>3</u> Days <u>0</u> If less than one day _____ hrs. _____ min.		9. Birthplace <u>Hampton, South Carolina</u> (City, town or county) (State or foreign country)		Due to _____	
10. Usual occupation <u>Retired</u>		11. Industry or business _____		Other conditions <u>Amigraia Pedicularis</u> (Include pregnancy within 3 months of death)	
12. Name <u>John Freeman</u>		13. Birthplace <u>South Carolina</u>		Major findings: <u>Hypertension</u> of operations _____ (Give date of operation) _____	
14. Maiden name <u>Sarah Sauls</u>		15. Birthplace <u>South Carolina</u>		of autopsy <u>✓</u>	
16. Informant's Signature <u>John McCall</u>		16 (a) Address <u>Sanford, Florida</u>		22. If death was due to external causes, fill in the following: (a) (Probably) Accident, suicide, homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State)	
17. Burial, cremation or removal? <u>Burial</u>		17 (a) Date <u>Jan. 13, 1948</u> at _____ <u>Sanford, Fla.</u>		(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)	
18. Funeral Director's Signature <u>W. J. Grissom</u>		18 (a) Address <u>Sanford, Fla.</u>		94 <u>8-23</u> While at work? _____ (Specify type of place)	
19. Filed <u>1-13-48</u> by <u>Joseph P. Harris, Del.</u> Local Registrar		23. Signature <u>J. A. Smith</u> M. D.		(a) Address _____ Date Signed <u>1-14-48</u>	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*C. Meade Griggs*, State Registrar

Date Issued: OCT 07 2009



THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

25976679

CERTIFICATION OF VITAL RECORD



DH FORM 1946 (08-04)





Wilson F Freeman is buried in Evergreen Municipal Cemetery, Sanford, FL Picture taken 7/26/08

