

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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No. for State Registrar Only

16973

Registration District No.

Registered No. 840

(For use of Local Registrar)

(2) Full Name of Child Rashie Willis

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

(3) SEX-
OF
CHILD
girl

(4) Twin
or Triplet
To be answered only in event of Twin or Triplet

(5) Number in
order of birth 6

(6) Are
Parents
Married yes

(7) DATE OF
BIRTH June 8th 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr Harold Willis

(9) PRESENT POSTOFFICE OF FATHER Charleston 82
71 Sheppard street

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 years
(Year)

(12) BIRTHPLACE Poland

(13) OCCUPATION clothing Merchant

(14) Number of children born to mother, including present birth 6th birth

MOTHER.

(14) NAME BEFORE MARRIAGE Beppie Lee Kautz

(15) PRESENT POSTOFFICE OF MOTHER Charleston 82
71 Sheppard St.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 years
(Year)

(18) BIRTHPLACE Poland

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 5 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M.
on the date above stated. (Name of Physician or Midwife) (Home or P. M.)

(22) (Signature) B. R. Thomas (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 6 1923 J. M. Green 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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1/2