

(1) PLACE OF BIRTH

County of AndersonTownship of Warrenor
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

17566

Registration District No. 316 Registered No. 27
(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 Child Amy Willis (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2, 22
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME George Willis(9) PRESENT POSTOFFICE OF FATHER Union Station(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Armine Willis(15) PRESENT POSTOFFICE OF MOTHER Union Station(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) Armine Willis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union Station

Given name added from a supplemental report

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

(27) Filed 7/10 19 22 (28) H. T. Casey 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.