

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 or
 Inc. Town of _____
 or
 City of _____ (No. _____)

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13587

Registration District No. 303Registered No. 86
(For use of Local Registrar)(2) Full Name of Child Eugene Willford

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ✓

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married yes(7) DATE OF BIRTH May 5 1922

(Month) (Day) (Year)

FATHER

(8) FULL NAME Willard Eugene Willford(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. Rte #4(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Ola Norrie(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. Rte #4(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. B. Pruitt

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON

(27) Filed

19

(28)

19

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.

Before the fifth month of pregnancy.