

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

22618

Registration District No. 4 Registered No. 516
 (For use of Local Registrar)

City of (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 Willie Edward Willis (If child is not yet named, make supplemental report as directed)

(3) SEX OR ONLY	(4) Twin or Triplet	(5) Number in order of birth	(6) Age of mother	(7) DATE OF BIRTH
<u>Boy</u>			<u>29</u>	<u>July 9, 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. E. Willis</u>			(14) NAME BEFORE MARRIAGE <u>Clara Vandy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Whiteston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Whiteston</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>W. C.</u>		(17) AGE AT LAST BIRTHDAY <u>29</u>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>W. C.</u>		
		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour, day or P. M.)

(23) (Signature) Dr. J. M. Smith
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 25, 1923 (28) J. C. White 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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