

Form No. 1

MADE FOR EACH CHILD, and mark the  
 Form No. 1 THE OTHER, No. 2, etc., in question 5.  
 MCGRAW-HILL BOOK CO., COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of allendaleTownship of Sycamoreor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Willie Harry(3) BOY OR  
~~GIRL~~(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH Sept 28 1922  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMECassie Harry(9) PRESENT  
POSTOFFICE  
OF FATHERSycamore(10) COLOR  
OR  
RACEBlack(11) AGE AT LAST  
BIRTHDAY 40  
(Years)

(12) BIRTHPLACE

Hampton Co

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth4

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEstelle Mone(15) PRESENT  
POSTOFFICE  
OF MOTHERSycamore(16) COLOR  
OR  
RACEBlack(17) AGE AT LAST  
BIRTHDAY 27  
(Years)

(18) BIRTHPLACE

Barnwell Co

(19) OCCUPATION

Housekeeping(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maya P. Crest(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife SycamoreGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 28 1922 (28) J. C. Mays  
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.