

(1) PLACE OF BIRTH

County of ChesterTownship of Rossville

or

Inc. Town of Gt. Falls St

or

City of Gt. Falls St

(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

File No. — For State Registrar Only

41609

Registration District No. 1103 Registered No. 165

(For use of Local Registrar)

(2) Full Name of Child Willie F

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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 12-21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benson

(9) PRESENT POSTOFFICE OF FATHER

Gt. Falls St

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

Fairfield Co. SC

(13) OCCUPATION

Farming

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Hill

(15) PRESENT POSTOFFICE OF MOTHER

Gt. Falls St

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Fairfield Co. SC

(19) OCCUPATION

Laborer

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-P M., on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Mack

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "mark")

(27) Filed 4-13-19

(28)

R. T. Damade
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.