

## (1) PLACE OF BIRTH

County of Chester  
 Township of Pasculville  
 or  
 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  
**41604**

Registration District No. 1107Registered No. 170  
(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 Willie Mae

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 Dec 12, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Dave Trass(14) NAME BEFORE MARRIAGE Estell Price(9) PRESENT POSTOFFICE OF FATHER Great Falls(15) PRESENT POSTOFFICE OF MOTHER Great Falls(10) COLOR OF RACE black (11) AGE AT LAST BIRTHDAY 21 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Wainfield County(18) BIRTHPLACE Chester Co(13) OCCUPATION Public work(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(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 7 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mass White  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Great Falls

Given name added from a supplemen-  
 tal report

Signature of Witness necessary only  
 when question is raised as to  
 whether child was born alive or dead

\*When there was no physician or midwife present, the birth must be reported by a witness.  
 If a child breathes even once, it is born alive.