

(1) PLACE OF BIRTH

County of Will

Township of Will

Inc. Town of Will

City of Winthropville

(2) Full Name of Child William

(3) BOY OR GIRL Boy

(4) Type of Injury None

(5) Full Name of Father William

(6) Present Residence of Father Will

(7) COLOR OR RACE White

(8) BIRTHPLACE Will

(9) OCCUPATION Farmer

(10) Number of children born to mother, including present birth 1

(11) NAME BEFORE MARRIAGE Will

(12) PRESENT RESIDENCE OF MOTHER Will

(13) COLOR OR RACE White

(14) BIRTHPLACE Will

(15) OCCUPATION Farmer

(16) Number of children of this mother now living, including present birth 1

(17) NAME BEFORE MARRIAGE Will

(18) PRESENT RESIDENCE OF MOTHER Will

(19) COLOR OR RACE White

(20) BIRTHPLACE Will

(21) OCCUPATION Farmer

(22) Number of children of this mother now living, including present birth 1

(23) NAME BEFORE MARRIAGE Will

(24) PRESENT RESIDENCE OF MOTHER Will

(25) COLOR OR RACE White

(26) BIRTHPLACE Will

(27) OCCUPATION Farmer

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32.00

No. 41445

Registered No. 1.1.1
(For use of Local Registrar)

Ward No. 1

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

DATE OF BIRTH 1.1.1

(Name of Mother) Will

(28) NAME BEFORE MARRIAGE Will

(29) PRESENT RESIDENCE OF MOTHER Will

(30) COLOR OR RACE White

(31) BIRTHPLACE Will

(32) OCCUPATION Farmer

(33) Number of children of this mother now living, including present birth 1

(34) NAME BEFORE MARRIAGE Will

(35) PRESENT RESIDENCE OF MOTHER Will

(36) COLOR OR RACE White

(37) BIRTHPLACE Will

(38) OCCUPATION Farmer

(39) Number of children of this mother now living, including present birth 1

(40) NAME BEFORE MARRIAGE Will

(41) PRESENT RESIDENCE OF MOTHER Will

(42) COLOR OR RACE White

(43) BIRTHPLACE Will

(44) OCCUPATION Farmer

(45) Number of children of this mother now living, including present birth 1

(46) NAME BEFORE MARRIAGE Will

(47) PRESENT RESIDENCE OF MOTHER Will

(48) COLOR OR RACE White

(49) BIRTHPLACE Will

(50) OCCUPATION Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 1.1.1 P. M.) on the date above stated.

(29) (Signature) Will

(30) State whether Physician or Midwife Physician

(31) Address of Physician or Midwife Will

(32) Given name added from a supplemental report Will

(33) Witness Will

(Signature of Witness necessary only when question 33 is signed by mark)

(34) Filed Will

(35) Local Registrar Will

(36) Registrar Will

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.