

(1) PLACE OF BIRTH

County of *Hershaw*

Township of *Deale*

or

Inc. Town of

or

City of

(No. .... St.; .... Ward)  
 (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

86204

Registration District No. *2709*

Registered No. *275*

(For use of Local Registrar)

(2) Full Name of Child *Willie James*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Oct. 21, 1916*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Willie Hinson*

(9) PRESENT POSTOFFICE OF FATHER

*Cauden S.C. #3*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*18*  
 (Years)

(12) BIRTHPLACE

*Hershaw Co*

(13) OCCUPATION

*Planter*

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

*one*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Augustine Moore*

(15) PRESENT POSTOFFICE OF MOTHER

*Cauden S.C. #3*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*17*  
 (Years)

(18) BIRTHPLACE

*Hershaw Co*

(19) OCCUPATION

*Housewife*

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

*one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:00 A.M.* on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*W. H. Chubb*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician Cauden S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

*1916*

(28)

*W. H. Chubb*

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.

before the fifth month of pregnancy.