

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
Township of 1st. Stephensor  
Inc. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—Fr. State Registrar Only

37365

Registration District No. 7.05 Registered No. 119  
(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 Wackie William If child is not yet named, make supplemental report as directed3) BOY OR GIRL B 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? No 7) DATE OF BIRTH Nov. 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Don't know9) PRESENT POSTOFFICE OF FATHER "10) COLOR OR RACE " (11) AGE AT LAST BIRTHDAY..... (Years)12) BIRTHPLACE "13) OCCUPATION "14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Harriet William(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY..... (Years) 16(18) BIRTHPLACE Pineville(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lynia Judge(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

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

(27) Filed Nov. 15, 1922 (28) M. A. G. G. 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.