

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

77558

County of Horry

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Dogwood Creek

or

Inc. Town of

Registration District No. 2574Registered No. 28

(For use of Local Registrar)

or

City of

(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 Sanders Vereen

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 7, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Sam Page Vereen(9) PRESENT POSTOFFICE OF FATHER Hand, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Horry Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Marrietta H. Vereen(15) PRESENT POSTOFFICE OF MOTHER Hand, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Horry Co., S.C.(19) OCCUPATION Farmer & Housework(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline J. Vereen(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wauker, S.C.

Given name added from a supplemental report

(26) Witness B. P. H. H. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/12/16 (28) B. H. H. Todd 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.