

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Pickens  
Township of Liberty  
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  
**36096**

Registration District No. 3705 Registered No. 133  
(For use of Local Registrar)

(2) Full Name of Child Colonel Robert Billingsly (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 21 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Michael Elgin Billingsly  
(9) PRESENT POSTOFFICE OF FATHER Liberty SC R 3  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Pickens Co SC  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Margie Eleanor Kay  
(15) PRESENT POSTOFFICE OF MOTHER Liberty SC R 3  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Pickens Co SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon MD  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report  
.....  
19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)  
(27) Filed Nov 8 1922 (28) John T. Boyer 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.

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