

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Campobello State Board of Health

File No. — For State Registrar Only

50453

Inc. Town of ..... Registration District No. 4001-a Registered No. 13  
 (For use of Local Registrar)  
 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 Betha Dill { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE BIRTH Feb 7 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Earl Dill  
 (9) PRESENT POSTOFFICE OF FATHER Campobello  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ila Willerson  
 (15) PRESENT POSTOFFICE OF MOTHER Campobello  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 7:50 A. P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. E. Willerson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Campobello

Given name added from a supplemental report

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

(27) Filed Mar. 10, 1916 (28) C. L. Mayberry 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.

fifth month of pregnancy.

FORM NO. 1. PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.

THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN, MIDWIFE, OR OTHER PERSON ATTENDING THE BIRTH OF THE CHILD, OR BY THE FATHER, HOUSEHOLDER, OR OTHER PERSON IN THE FAMILY, IF NO OTHER PERSON IS AVAILABLE. IT IS TO BE FILED IN THE OFFICE OF THE LOCAL REGISTRAR, WHO WILL FORWARD IT TO THE STATE REGISTRAR, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

Mr. Caw, of Columbia.

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