

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 Union
Township of Buffalo
or
Inc. Town of Buffalo
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 42B

File No.—For State Registrar Only

32553

Registered No. 65
(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 Paul Ray Willard If child is not yet named, make supplemental report as directed

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 Sept 14 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Dr. Paul Willard
9) PRESENT POSTOFFICE OF FATHER Buffalo SC
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)
12) BIRTHPLACE Union Co
13) OCCUPATION Mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE Lovie Rena Justice
(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE North Carolina
(19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 2

(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 born alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Harrison

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Buffalo SC

Given name added from a supplemental report

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

(27) Filed Oct 15 1922 (28) J. P. Harrison 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.