

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4003

File No. - For State Registrar Only

5251

Registered No. 15
(For use of Local Registrar)

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 Lee Berry

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

3. BOY OR GIRL

Boy

4. Twin or Triplet

(5) Marked in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH Feb 28, 20
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Melvin Berry

9. PRESENT POSTOFFICE OF FATHER

Clemson S.C. R.F.D.

10. COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

Clemson Co.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Ishy

(15) PRESENT POSTOFFICE OF MOTHER

Clemson, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic

(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 alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Clemson S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 28, 20

(28) C. D. Hanna
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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