(1) PLACE OF BIRTH

County of Richland Co

Township of .....
or
Inc. Town of .....
or
City of Columbia S C

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18878

Registration District No. 38a ..... Registered No. 44 .....
(For use of Local Registrar)

(No. 1.. 1.. Pickens St ..... St.; five ..... 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 Long
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy	one	one	yes	June 6, 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Robert Long	(14) NAME BEFORE MARRIAGE: Sarah Fogle
(9) PRESENT POSTOFFICE OF FATHER: 1.. Pickens St	(15) PRESENT POSTOFFICE OF MOTHER: 10.. Pickens St
(10) COLOR OR RACE: bl (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR OR RACE: bl (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Columbia S C	(18) BIRTHPLACE: Columbia S C
(13) OCCUPATION: Rail road	(19) OCCUPATION: Wash Woman
(20) Number of children born to mother, including present birth: Seven	(21) Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Hall
(24) State whether Physician or Midwife: mid wife
(25) Address of Physician or Midwife: 1417 Wheeler St

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

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 15 1923 (28) C. J. Sloan
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.

Before the fifth month of pregnancy.