

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

File No.—For State Registrar Only
71180

(1) PLACE OF BIRTH
County of Anderson

Township of 11

or
Inc. Town of 11

City of Anderson

Registration District No. 3 A

Registered No. 279
(For use of Local Registrar)

(No. South Main St.; Ward)

(2) Full Name of Child Sadie Beatrice Willard
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 3 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Chas. Wm. Willard
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Conroe Co. S.C.
(13) OCCUPATION Painter
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Lucy Cook
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Conroe Co. S.C.
(19) OCCUPATION Home wife
(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 born at 3 P. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. H. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. H. Smith
(27) Filed 191.... (28) 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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