

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4029

Registration District No.

Registered No.
(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 Willie Steward Sallie

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 12(6) Are
Parents
Married? Yes7 DATE Feb. 21 1920
BIRTH (Name of Month) (Day) (Year)8 FULL
NAME

FATHER.

9 PRESENT
POSTOFFICE
OF FATHER10 COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 46
(Years)

12 BIRTHPLACE

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 42
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State

(25) Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(28) Witness

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

(29) Filed

(30)

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.