

* By Court Order dtd. 9/30/77.

(1) PLACE OF BIRTH

County of CharlestonTownship of Dunglas

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76423

Registration District No. 1303Registered No. 131
(For use of Local Registrar)(2) Full Name of Child Willie Edward Sauls

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Sept. 1, 1906

FATHER.

(8) FULL NAME

Edward B. T. Sauls

(9) PRESENT POSTOFFICE OF FATHER

Timberville SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE

Florence County SC

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Barfield

(15) PRESENT POSTOFFICE OF MOTHER

Timberville SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE

Florence County SC

(19) OCCUPATION

Housewife

(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 alive at 1-20 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianTimberville SC

Given name added from a supplemental report

C.O. # 11, 453, 191....Filed: 11-3-11-1911
Registrar

(26) Witness

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

(27) Filed 9/4

191.6

(28)

W. H. H. H.
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.

MAILED SEPARATELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.