

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Windsor
 OF
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16317

Registration District No. 2620 Registered No. 40
 (For use of Local Registrar)

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

(2) Full Name of Child Willie Fair

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH: May 9th 1922
 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Samuel Fair
 (9) PRESENT POSTOFFICE OF FATHER Bowman, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Ortg. Co. S.C.
 (13) OCCUPATION Farmer

MOTHER:

(14) NAME BEFORE MARRIAGE Ada Miller
 (15) PRESENT POSTOFFICE OF MOTHER Bowman, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Ortg. Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mathew Shuler

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman, S.C.

Given name added from a supplemental report

(26) Witness R. M. Thayer

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

(27) File 1922-23 (28) W. P. Baker 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.

MARGIN RESERVED FOR BINDING.
 WITHIN PLAINLY, WITH UNFADING INK—EVEN IN A PERMANENT RECORD.
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FULL BIRTH CHILD, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.