

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Willy HillInc. Town of Willy HillCity of Willy Hill

(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

Registration District No. 36.09 Registered No. 78

(For use of Local Registrar)

## (2) Full Name of Child

Elizabeth Annings

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

3. BOY OR GIRL?

Girl

(4) Twin or Triplet?

( )

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 14 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Samuel Annings

(9) PRESENT POSTOFFICE OF FATHER

Willy Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

26

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Trunk Maker

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Willy Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Trunk Maker

(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 live at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Family or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 17 1923

(28)

J. M. Dessemaire 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.

WRITE PLAINLY, WITH SPACING INK—THIS IS A PERMANENT RECORD. 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 QUESTIONS 3, 10, 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.