

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Springfield  
 OR  
 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

31647

Registration District No. 2607 Registered No. 81  
 (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 Donaldson (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 34 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22, 22  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Emmanuel Donaldson</u>	(14) NAME BEFORE MARRIAGE <u>Victoria Johnson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Springfield</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Springfield</u>
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... Alive.... at 10 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Corrie S. Thomas  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report .....  
 (26) Witness .....  
 (27) Filed Sept. 22, 22 (28) S. M. Tarrant 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.

RECORD OF BIRTHS, No. 1. THE OTHER, No. 2, etc., in question 5.