

## (1) PLACE OF BIRTH

County of DillonTownship of Hareenvilleor  
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

18386

Registration District No. 1602Registered 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 John Henry Billings If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 5 22</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Joe McRae</u>	(14) NAME BEFORE MARRIAGE <u>Leila Billings</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Dillon SC R 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon SC R 3</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farm labor</u>
(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Minnie Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Dillon SC R 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 10 22

(28)

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.

RECEIVED AT COLUMBIA, S. C. MAY 11 1922  
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