

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Willy Hill  
 or  
 Inc. Town of Willy Hill  
 or  
 City of Willy Hill

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2197

Registration District No. 3607 Registered No. 15  
 (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 Joseph Edward

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of Birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25, 1922  
 To be answered only in event of Twins or Triplets (Named Month) (Day) (Year)

## FATHER

(8) FULL NAME Joseph Edward  
 (9) PRESENT POSTOFFICE OF FATHER Willy Hill  
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 48  
 (12) BIRTHPLACE W.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 10

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Edward  
 (15) PRESENT POSTOFFICE OF MOTHER Willy Hill  
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE W.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. H. H.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Willy Hill

If no name added from a supplementary request

(26) Witness W. H. H. H.  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 25, 1922 Local Registrar

If 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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. H.—In case of twins or triplets use a separate file and this card is question 6  
 printed thereon. No. 1. This certificate is to be in question 6  
 MICHIGAN ENROLLMENT, FEBRUARY, 1922