

## (1) PLACE OF BIRTH

County of Union  
 Township of Jonesville  
 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  
**24191**

Registration District No. 4204... Registered No. 43.....  
 (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 Vera L. Whili (If child is not yet named, make supplemental report as directed)

(3) Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John C. Whili</u>	(14) NAME BEFORE MARRIAGE <u>Vivie Whillard</u>	(10) COLOR OR RACE <u>Wh.</u>	(16) COLOR OR RACE <u>Wh.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Jonesville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jonesville S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)
(12) BIRTHPLACE <u>Union Co S.C.</u>	(18) BIRTHPLACE <u>Union Co 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>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)  
 (23) (Signature) John C. Whili Father  
 (24) State whether Physician or Midwife (25) Address of Physician 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 7/16/22 19... (28) John L. Harris 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.

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