

(1) PLACE OF BIRTH

County of OrangeTownship of Pulaski

Inc. Town of

City of

(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

File No.—For State Registrar Only

46280

Registration District No. 3503 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Colea Willbarts

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Like approved only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Guss Willbarts(9) PRESENT POSTOFFICE OF FATHER Mountain Rest C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Orange Co. S.C.(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Savanna Bladwell(15) PRESENT POSTOFFICE OF MOTHER Mountain Rest C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Orange Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Betty Cobb

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Mountain Rest C.

Given name added from a supplemental report

(26) Witness Guss Willbarts
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Jan 5 1915 (28) Guss C. Watline
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.

REASON REQUESTED FOR ISSUING.
WHEN PLAINLY, WITH UNFOLDING INK—THIS IS A PERMANENT RECORD.
N. B.—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 question 5.