

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of Florence

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Windham

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Windham(9) PRESENT POSTOFFICE OF FATHER Marble Bluff, S.C.(10) COLOR OR RACE ed (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Florence County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Wright(15) PRESENT POSTOFFICE OF MOTHER Marble Bluff S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Florence County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive Dec 25 - 7 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha A. Charles(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Marble Bluff, S.C.

Given name added from a supplemental report

(26) Witness J. M. G. [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/16 1923 (28) J. M. G. [Signature] 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.