

Form No 1.

(1) PLACE OF BIRTH

County of Marlboro

Township of

or
Inc. Town of Bennettsville

or
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

46819

Registration District No. 33-A

Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Willie Billings

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 2nd 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME Joe Billings

(14) NAME BEFORE MARRIAGE Rena O'Neil

(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Marlboro CO SC

(18) BIRTHPLACE Darlington CO SC

(13) OCCUPATION Labourer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Three

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Brown

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

Midwife Bennettsville

Given name added from a supplemental report

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

(27) Filed July 6 1916 (28) W. W. Pate 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.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.

Caw. of Columbia.

RECEIVED FOR BIDDING.