

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
46819

County of Marlboro

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

Township of

or

Inc. Town of Bennettsville

or

City of

Registration District No. 33-A

Registered No. 3

(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 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 7th 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joe Billings

(14) NAME BEFORE MARRIAGE Rena O'Neil

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 25 1/2

(Years)

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Marlboro Co S.C.

(18) BIRTHPLACE Darlington Co S.C.

(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) Sandy 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) W. W. Pate

(27) Filed July 11th 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.F.—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. CAUTION—RESERVED FOR BINDING. Calw. of Columbia.