

Form No. 3

## (1) PLACE OF BIRTH

County of DorchesterTownship of Wager

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**42186**Registration District No. 1705Registered No. 79  
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.: ..... Ward: .....(2) Full Name of Child Owen Joseph Willis

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 13th

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Owen Willis(14) NAME BEFORE MARRIAGE Fannie Oliver(9) PRESENT POSTOFFICE OF FATHER Reverville S.C.(15) PRESENT POSTOFFICE OF MOTHER Reverville S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 29

(Years)

(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(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 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Willis(24) State whether Physician or Midwife Hand Mother of Child Reverville S.C.

(25) (Signature of Physician or Midwife)

Given name added from a supplemental report

(26) Witness E. O. Eberhardt

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

(27) Filed Dec 16th(28) E. O. Eberhardt

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.

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.