

Form No. 1

(1) PLACE OF BIRTH

County of Dillon

Township of

(or)
Inc. Town of Dillon(or)
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39902

Registration District No. 16-A Registered No. 63
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child William H. E. E. E. If child is not yet named, make supplemental report as directed1) BOY OR GIRL Girl 2) Twin or Triplet? No 3) Number in order of birth 1 4) Are Parents Married? Yes 5) DATE OF BIRTH Dec 27 1923
(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME Willm M. E. E.7) PRESENT POSTOFFICE OF FATHER Dillon S.C.8) COLOR OR RACE Colored 9) AGE AT LAST BIRTHDAY 37 (Year)10) BIRTHPLACE Marlboro C.11) OCCUPATION Public Work12) Number of children born to mother, including present birth 1

MOTHER.

13) NAME BEFORE MARRIAGE Helen McNeil14) PRESENT POSTOFFICE OF MOTHER Dillon S.C.15) COLOR OR RACE Colored 16) AGE AT LAST BIRTHDAY 27 (Year)17) BIRTHPLACE Marlboro C.18) OCCUPATION House work19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Mark A. M. or P. M.)
on the date above stated.(21) (Signature) Ardena E. E.(22) State whether Physician or Midwife (23) Address of Physician or Midwife Dillon S.C.

(Given name added from a supplemental report)

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

(25) Filed Dec 26 1923 (26) B. E. E. 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.