

(1) PLACE OF BIRTH

County of UnionTownship of Jonesville

Inc. Town of

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

30435

Registration District No. 204 Registered No. 43
(For use of Local Registrar)(2) Full Name of Child Willie Blanche If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD	(4) Time of Birth	(5) Month and day of Birth	(6) Year of Birth	(7) DATE OF BIRTH
Girl				8-24-25

FATHER		MOTHER	
(8) FULL NAME	<u>Willie Blanche</u>	(14) NAME BEFORE MARRIAGE	<u>Bertie May</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Jonesville</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Jonesville</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>24</u>	(17) AGE AT LAST BIRTHDAY	<u>26</u>
(12) BIRTHPLACE	<u>U.S.</u>	(18) BIRTHPLACE	<u>U.S.</u>
(13) OCCUPATION	<u>Teacher</u>	(19) OCCUPATION	<u>D.</u>
(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of Mr. mother now living, including present birth	<u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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.

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