

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Sanitaor
Inc. Town ofor
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

29725

Registration District No. 1313 Registered No. 50
(For use of Local Registrar)(2) Full Name of Child Vivian Witherspoon (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Witherspoon(9) PRESENT POSTOFFICE OF FATHER Davis Station(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lindsay(15) PRESENT POSTOFFICE OF MOTHER Davis Station S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Stokes(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis Station

Given name added from a supplemental report

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

(27) Filed Oct 19, 22 (28) A. J. White 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.