

Form No. 1

(1) PLACE OF BIRTH

County of Chester
Township of Great Falls
Inc. Town of
City of

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

Registration District No. 1A.3

File No. - For State Registrar Only
17189

Registered No. 54
(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 Ann Perry

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

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Sex of Child Male 6. Are Parents Married yes 7. DATE OF BIRTH 10/15 1928
(Name) (Month) (Day) (Year)

FATHER

8. FULL NAME W. F. Perry
9. PRESENT RESIDENCE OF FATHER Great Falls
10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 30
12. BIRTHPLACE Great Falls
13. OCCUPATION Crete Finisher
20. Number of children born to mother, including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Mary Mark
15. PRESENT RESIDENCE Great Falls
16. COLOR OR RACE Black
17. BIRTHPLACE Fairfield County
18. OCCUPATION House Keeping
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 Sarah Mark on the date above stated. (Born alive or stillborn) (Sex, A, M, or P. M.)

(23) (Signature) Sarah Mark (24) State, whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Willie Murphy (Signature of Witness necessary only when Question 23 is signed "dead")
(27) 10/15/28 (28) W. F. Perry 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 sixth month of pregnancy.