

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3823

Registration District No. 2001

Registered No.
 (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 Willis Doyle

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

(a) SEX OF CHILD ☒ Male ☐ Female
 (b) Twin or Triplet ☐ Yes ☒ No
 (c) Number to order of birth
 (d) Age of Parent ☒ Yes ☐ No
 (e) DATE OF BIRTH Feb. 1971
 (Name of Month) (Day) (Year)

FATHER

(a) FULL NAME Barlie Barber
 (b) PRESENT POSTOFFICE OF FATHER Bascomville
 (c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 23 (Year)
 (e) BIRTHPLACE Germany
 (f) OCCUPATION Farmington

MOTHER

(a) NAME BEFORE MARRIAGE Margie Barber
 (b) PRESENT POSTOFFICE OF MOTHER Bascomville
 (c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 21 (Year)
 (e) BIRTHPLACE Germany
 (f) OCCUPATION Farmer

(g) Number of children born to mother, including present birth
 (h) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Born alive or stillborn) (Hour) (M or P. M.)

(2) (Signature) Midwife Martha H. H. H.
 (3) State whether Physician or Midwife ☒ Midwife ☐ Physician
 (4) Address of Physician or Midwife

Give name added from a supplemental report

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(5) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (6) Signed (7) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.