

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Yam

Township of Hagerman

Inc. Town of Myrtle Beach

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4223

Registration District No. 2504

Registered No. 4

(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 Quisiel Nell

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

(3) SEX OR GIRL Girl (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Willis

(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Yam

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Frank

(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE N D

(19) OCCUPATION Nurse Wife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Lutz

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Myrtle Beach

Given name added from a supplemental report

(26) Witness W. M. Lutz

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

(27) Date 3/3 1923 (28) W. M. Lutz Local Registrar.

*When there was no physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.