

Form No. 1

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Windsor  
 or  
 Inc. Town of.....  
 or  
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

(2) Full Name of Child Willie Mims

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

(3) BOY OR GIRL boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 2 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jim Mims  
 (9) PRESENT POSTOFFICE OF FATHER Edgefield S.B.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43  
 (12) BIRTHPLACE S.B.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Doherty  
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield S.B.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE S.B.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sarah Richards(24) State whether, Physician or Midwife Midwife(25) Name of Physician or Midwife Edgefield S.B.

Given name added from a supplemental report

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

(27) Filed Oct 2 1922 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 7th month of pregnancy.

WAYS PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. C.

File No.—For State Registrar Only  
**34257**

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

Registration District No. 180.6 Registered No. 43  
 (For use of Local Registrar)