

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Harleyville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42080

Registration District No. 1602Registered No. 140  
(For use of Local Registrar)

(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 Howard Willis

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 Dec 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ulysses WillisMOTHER.  
(14) NAME BEFORE MARRIAGE Lessie Page(9) PRESENT POSTOFFICE OF FATHER Latta, S.C. R1(15) PRESENT POSTOFFICE OF MOTHER Latta, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 38 (Year)(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Id.(18) BIRTHPLACE Id.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth Eight(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 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lessie Page  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Latta, S.C. R1

Given name added from a supplemental report

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

(27) Filed Dec 22 22 (28) B. Hardy 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.

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.