

(1) PLACE OF BIRTH

County of SaludaTownship of 17Inc. Town of orCity of or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 39.03

File No. For State Registrar Only

12759

Registered No. 7

(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 Willie Gary

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

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? no

(7) DATE OF

BIRTH March 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 22
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE Rose Harris(15) PRESENT
POSTOFFICE
OF MOTHER Saluda S.C.(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 22
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12:30 AM,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Jennie Dorrier

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) File No. 12759

(28)

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.