

Form No. 1

1) PLACE OF BIRTH

County of

Township of

Loc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19311

Registration District No. 3102 Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)

2) Full Name of Child Willa Deborah If child is not yet named, make supplemental report as directed3) SEX OR
RELIGION4) Was
a triplet?5) Number in
order of birth6) Are
Parents
Married Yes7) DATE OF
BIRTH June 16 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE

12) BIRTHPLACE

11) OCCUPATION

13) Number of children born to
mother, including present birth14) AGE AT LAST
BIRTHDAY 33
(Years)

MOTHER.

14) NAME BEFORE
MARRIAGE Willa Deborah15) PRESENT
POSTOFFICE
OF MOTHER Willa Deborah16) COLOR
OR
RACE Willa Deborah

17) BIRTHPLACE

18) OCCUPATION

19) Number of children of this mother
now living, including present birth17) AGE AT LAST
BIRTHDAY 27
(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Willa Deborah M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mariah(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Willa DeborahGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 7/7 1922 (28) Willa Deborah
Local RegistrarWhen born was attended by physician or midwife, then the father, householder, etc., should make this return.
If a stillbirth occurs even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.