

Form No. 1

(1) PLACE OF BIRTH

County of Jasper Township of Robert OR
Inc. Town ofOR
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43033

Registration District No. 2602 Registered No. 71
(For use of Local Registrar)(2) Full Name of Child Willie Statton 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. 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Statton (9) PRESENT POSTOFFICE OF FATHER Barnett. S.C. (10) COLOR OR RACE Black. (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Ga. (13) OCCUPATION Saw mill work (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Statton (15) PRESENT POSTOFFICE OF MOTHER Barnett - S.C. (16) COLOR OR RACE Black. (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C. (19) OCCUPATION housework, (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary Anna Spelton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnett - S.C. R.F.D. 1

Given name added from a supplemental report

(26) Witness J. C. Richardson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/14/22 (28) J. C. Richardson
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.

MARGIN RESERVED FOR BINDING.
WRITE 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. TI & OTHER, No. 2, etc., in question 5.