

## (1) PLACE OF BIRTH

County of Berlin  
 Township of Philadelphia  
 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  
**3922**

Registration District No. 1509 Registered No. 1  
 (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 William Roy Poe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Walter Poe  
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Three

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alma Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was. Normal at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida M. Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Timmonsville S.C.

Given name added from supplemental report

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

(27) Filed Jan. 22, 1923 (28) L. A. Jordan 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.

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