

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

Form No. 1

(1) PLACE OF BIRTH

County of *Aiken*Township of *Aiken*

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

40566

Registration District No. *200*Registered No. *38*

(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

Liri 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. 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Earl Willis

(9) PRESENT POSTOFFICE OF FATHER

Aiken, S.C. P.O. #5

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Leiger

(15) PRESENT POSTOFFICE OF MOTHER

Aiken, S.C. P.O. #5

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs. Annie Cammer

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Aiken, S.C. P.O. #5

Given name added from a supplemental report

(26) Witness

Willie Earl Willis

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

19
Registrar

(27) Filed

Dec. 9, 1922(28) *M. Ashburn*
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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

HOCAN OF COLUMBIA: COLUMBIA, S. C.