

(1) PLACE OF BIRTH  
 County of Charleston **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45644**

Township of James Island  
 or  
 Inc. Town of ..... Registration District No. 904 Registered No. 2  
 or  
 City of ..... (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Willard } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Willard</u>	(14) NAME BEFORE MARRIAGE <u>Irma Chiris</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>James Island S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>James Island S.C.</u>				
(10) COLOR OR RACE <u>Wh</u>	(16) COLOR OR RACE <u>Wh</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>James Island S.C.</u>	(18) BIRTHPLACE <u>James Island S.C.</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				

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

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

(23) (Signature) E. M. Richardson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 20 1916 (28) H. F. Grimball 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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