

(1) PLACE OF BIRTH

County of OrangeburgTownship of Providence

Inc. Town of.....

City of.....

(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

Registration District No. 3614

File No.—For State Registrar Only

4880

Registered No. 9
(For use of Local Registrar)(2) Full Name of Child Blaise F. Willis

If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u>irl</u>	(8) Twin or Triplet To be answered only in event of Twin or Triplet	(9) Number in order of birth	(10) Age Person Married <u>yes</u>	(11) DATE OF BIRTH <u>Feb 9 23</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME James Willis(2) PRESENT POSTOFFICE OF FATHER Brownson(10) COLOR OR RACE Poland (11) AGE AT LAST BIRTHDAY 41
(Year)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary F. Willis(15) PRESENT POSTOFFICE OF MOTHER Vance S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Orangeburg Co.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Calie Fugle(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Vance S.C.

(Given name added from a supplemental report)

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

(27) Filed Feb 13 1923(28) D. G. Dantley 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 REMARKS.
WRITE PLAINLY. WITH CAREFUL INK. THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.