

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. THE OTHER, No. 2, etc., in question 5.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE No.—For State Registrar Only	
County of <u>Richmond</u>		STATE OF SOUTH CAROLINA		44847	
Township of <u>Bridge</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Cades</u>		State Board of Health			
or City of <u>LC</u>		Registration District No. <u>4309</u>		Registered No. _____	
		(No. _____ St. _____ Ward _____)		(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 <u>Eller Willison</u>		{ If child is not yet named, make supplemental report as directed.			
3. BOY OR GIRL	4. Twin or Triplet?	5. Number in order of birth	6. Was Married?	7. DATE OF BIRTH	
	To be answered only in event of Twins or Triplets			12/15/1923 (Name of Month) (Day) (Year)	
FATHER			MOTHER		
8. FULL NAME <u>Walter Willison</u>			14. NAME BEFORE MARRIAGE <u>Eller Willison</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Cades SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Cades SC</u>		
10. COLOR OR RACE			17. AGE AT LAST BIRTHDAY		
11. AGE AT LAST BIRTHDAY <u>43</u> (Years)			<u>40</u> (Years)		
12. BIRTHPLACE <u>Walter Willison place</u>			18. BIRTHPLACE <u>Parson place</u>		
13. OCCUPATION <u>farming</u>			19. OCCUPATION <u>farming</u>		
20. Number of children born to mother, including present birth { <u>11</u>			21. Number of children of this mother now living, including present birth { <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22. I hereby certify that I attended the birth of this child, who was <u>12/15</u> at <u>5</u> A.M., (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.					
23. Signature <u>Mid. Willison</u>					
24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife _____					
26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)					
27. Filed _____ 19. _____ 28. _____ Registrar _____ Local Registrar _____					
<p>*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.</p>					