

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. of Ward) (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

File No.—For State Registrar Only
91793

Registration District No. 40003

Registered No. 100
(For use of Local Registrar)

(2) Full Name of Child. Willie League { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie May League

(15) PRESENT POSTOFFICE OF MOTHER Lucapau S C

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Laurence Co. S C

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Della Turner (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness J. D. Vernon (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1916 (28) Local Registrar

Given name added from a supplemental report

191

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.