

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blacksville  
 or  
 Inc. Town of Blacksville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ 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

10020

Registration District No. 5 A Registered No. 11  
 (For use of Local Registrar)

(2) Full Name of Child Marion Willis (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Girl 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? No 7. DATE OF BIRTH April 22, 22  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME \_\_\_\_\_  
 9. PRESENT POSTOFFICE OF FATHER \_\_\_\_\_  
 10. COLOR OR RACE \_\_\_\_\_  
 11. AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)  
 12. BIRTHPLACE \_\_\_\_\_  
 13. OCCUPATION \_\_\_\_\_

## MOTHER.

14. NAME BEFORE MARRIAGE Mary Willis  
 15. PRESENT POSTOFFICE OF MOTHER Blacksville  
 16. COLOR OR RACE Negro  
 17. AGE AT LAST BIRTHDAY 26 (Years)  
 18. BIRTHPLACE S. C.  
 19. OCCUPATION \_\_\_\_\_

20. Number of children born to mother, including present birth 2 21. Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(2) I hereby certify that I attended the birth of this child, who was Adm. at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Hester  
 (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 May 12, 1922 (28) W. H. Hester 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.