

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

File No.

45780

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parent Married? yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Will Lilly			(14) NAME BEFORE MARRIAGE Martha Woodley	
(9) PRESENT POSTOFFICE OF FATHER Chuteh S.H. S.P.			(15) PRESENT POSTOFFICE OF MOTHER Chuteh S.C.	
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 35 (Years)	
(12) BIRTHPLACE Chuteh S.C.			(18) BIRTHPLACE Chuteh S.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION House wife	
(20) Number of children born to mother, including present birth 11			(21) Number of children of this mother now living, including present birth 9	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Chuteh on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis S. H. S. C.

(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

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(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.