

U. S. BIRTH AND DEATH REGISTRATION ACT, SUPPLEMENTARY REGULATIONS
 FIRST-BORN, No. 1. THE OTHER, No. 2. etc., in question 1.
 Division of Census, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Winnville
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
3394

Registration District No. 1107 Registered No. 3
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>1-20-23</u> (Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Sam Coleman</u>	(14) NAME BEFORE MARRIAGE <u>Allie Reid</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Gut Falls S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gut Falls S.C.</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)
(12) BIRTHPLACE <u>Lawrence S.C.</u>	(13) OCCUPATION <u>Cotton mill work</u>	(16) BIRTHPLACE <u>Lawrence S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(18) OCCUPATION <u>domestic</u>	(20) Number of children of this mother now living, including present birth <u>Three</u>
(19) Number of children born to mother, including present birth <u>Five</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Mary Dennis</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife				

(26) Witness
 (Signature of Witness necessary only when question 23 is checked by mark)
 (27) Filed 2/4/23 at Winnville
 Registrar 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 stillborns before the fifth month of pregnancy.