

U. S. DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
 See also of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark on  
 BLANK OF COLUMBIA, Columbia, S. C.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Pinwell  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 1107 Registered No. 3  
 (For use of Local Registrar)

File No. - For State Registrar Only  
**3394**

(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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 1-20-23  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Sam Coleman  
 (9) PRESENT POSTOFFICE OF FATHER Gut Falls SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Lawrence Co SC  
 (13) OCCUPATION Cotton mill work  
 (20) Number of children born to mother, including present birth Five

MOTHER  
 (14) NAME BEFORE MARRIAGE Allie Reid  
 (15) PRESENT POSTOFFICE OF MOTHER Gut Falls SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Lawrence Co SC  
 (19) OCCUPATION domestic  
 (21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary W. W. W.  
 (24) State whether Physician or Midwife 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 2/4/23 H. T. W. W. 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.