

(1) PLACE OF BIRTH

County of FlorenceTownship of Florenceor
Inc. Town of.....

or

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.—For State Registrar Only

18635

Registration District No. 2010 Registered No. 34
(For use of Local Registrar)(2) Full Name of Child Willow Marie Tilyaw St.; Ward)
(If child is not yet named, make supplemental report as directed)

3. SEX OF CHILD <u>Girl</u>	4. Twin or Triplet? To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 10 1922</u> (Month) (Day) (Year)
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FATHER.

8. FULL NAME Julius Boyd Tilyaw9. PRESENT POSTOFFICE OF FATHER Cawards S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)12. BIRTHPLACE S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Anderson(15) PRESENT POSTOFFICE OF MOTHER Cawards S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Corington M. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cawards S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10 1922 (28) E. M. M. S. 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.