

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Willis
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15451

Registration District No. 3619Registered No. 28
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Arthur Penally
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(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? yes(7) DATE OF BIRTH Feb 16 1928
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Harry Penally

9) PRESENT POSTOFFICE OF FATHER

Willis

10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

4 (Years)

12) BIRTHPLACE

Willis

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Charis Lee Henry

(15) PRESENT POSTOFFICE OF MOTHER

Willis

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Willis

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

E. M. Barlow

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Noway, 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 2 1928(28) 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.