

(1) PLACE OF BIRTH

County of Fairfield Co.
 Township of X 9

OR
 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

52094

Registration District No. 1908 Registered No. 15-
 (For use of Local Registrar)

(2) Full Name of Child Annmarie Betty Willey

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 7

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Willey

(9) PRESENT POSTOFFICE OF FATHER

Rockton S.C.

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 44
(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farm laborer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Brown

(15) PRESENT POSTOFFICE OF MOTHER

Rockton S.C.

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 35-
(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Housewife

(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 alive 9 a M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Ellison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwifeRockton S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 25 1914

(28)

D. C. Ruff

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.

THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.