

## (1) PLACE OF BIRTH

County of

Greenville

Township of

or

Inc. Town of

or

City of

Greenville

(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

No. for State Registrar Only

3968

Registration District No.

22A

Registered No.

79

(Original or Local Registrar)

Ward

## (2) Full Name of Child

Pearl Williams

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

No

(7) DATE OF BIRTH

Feb 17, 23

(8) (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME

Don't know

(10) PRESENT POSTOFFICE OF FATHER

"

(11) COLOR OR RACE

"

(12) AGE AT LAST BIRTHDAY

"

(13) BIRTHPLACE

Don't know

(14) OCCUPATION

"

## MOTHER.

(15) NAME BEFORE MARRIAGE

Fannie Williams

(16) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(17) COLOR OR RACE

Col.

(18) AGE AT LAST BIRTHDAY

31

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Washing

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

7

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ... alive ... at 12:30 P.M. on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(24) (Signature)

Louise Bell

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Midwife Greenville S.C.

(27) Given name added from a supplemental report

(28) Witness

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

(29) Date

Feb 28, 23

(30) Local Registrar

C. Smith

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.

Before the fifth month of pregnancy.

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