

## (1) PLACE OF BIRTH

County of Union

Township of .....

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health
File No.—For State Registrar Only  
**30412**Registration District No. 42-ARegistered No. 138  
(For use of Local Registrar)(No. 13-Hamlet St.; ..... Ward)

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

(3) SEX OR ONLY

Girl

(4) Type or Token

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Age

400

(7) DATE OF BIRTH

9-8-23  
(Name of Month) (Day) (Year)

(8) FULL NAME

William Worthy

(9) PRESENT POSTOFFICE OF FATHER

Union

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32-  
(Years)

(12) BIRTHPLACE

Union

(13) OCCUPATION

Labor

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

3-

(14) NAME BEFORE MARRIAGE

Alice Hudson

(15) PRESENT POSTOFFICE OF MOTHER

Union

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28-  
(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

House work

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

3-
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**
(21) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

(22) (Signature)

Amanda M. Beth

(23) State whether Physician or Midwife

midwife

(24) Address of Physician or Midwife

23-Hamlet, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

10-10-23

(27)

J. H. Darrall  
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.