

[illegible]

(1) PLACE OF BIRTH

County of Colusa
 Township of Center
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39535

Registration District No. 9300

Registered No. 150
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child unnamed

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

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>11 23 1922</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Born William*

9) PRESENT POSTOFFICE OF FATHER: *Winters B.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY: *35* (Years)

12) BIRTHPLACE
Ga

13) OCCUPATION: *Farmer*

(25) Number of children born to mother, including present birth: 10

MOTHER

(14) NAME BEFORE MARRIAGE *Addie Mae Price*

(15) PRESENT POSTOFFICE OF MOTHER *Wentworth St*

(15) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *39* (YR)

(18) BIRTHPLACE: MO

(19) OCCUPATION: Home Keeper

(21) Number of children of this mother now living, including present birth: 9 to 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Abel at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

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

(27) Filed 11/14 1926 (28) [Signature]
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.