

# DECLARATION OF INTEREST

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sheriff</u>		STATE OF SOUTH CAROLINA		8997	
Township of <u>Magnolia</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>109</u>		Registered No. <u>39</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Lindsay Williams</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>April 6</u> 19 <u>23</u> (Sign of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Robert Williams</u>			(14) NAME BEFORE MARRIAGE <u>Sophie Lee</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Cathoun Falls S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Cathoun Falls S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	
(12) BIRTHPLACE <u>Sheriff Co</u>		(18) BIRTHPLACE <u>Sheriff Co</u>			
(13) OCCUPATION <u>Rail Road Work</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was, <u>a live</u> at <u>8</u> <u>P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Quiba Bryant</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Cathoun Falls</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>F. C. [Signature]</u>			
19 <u>23</u> Registrar		(27) Filed <u>April 10</u> 19 <u>23</u> (28) <u>F. C. [Signature]</u> 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.					