

WRITE FREELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Saluda
Township of 2
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
23763

Registration District No. 3901 Registered No. 52
(For use of Local Registrar)

(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 James Williams

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY.....
(Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Williams
(15) PRESENT POSTOFFICE OF MOTHER Monetta
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY.....
(Years)
(18) BIRTHPLACE Saluda Co
(19) OCCUPATION Farm laborer
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3-25 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Forrester M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phyco Ridge Spring

Given name added from a supplemental report

(26) Witness Aug (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 12 1922 (28) F. H. bronch 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.

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