

No. 8

PLACE OF BIRTH

City of Windsburg
 Township of Indians
 or
 Town of _____
 or
 of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4303 Registered No. 21
 (For use of Local Registrar)

FILE NO. For State Registrar Only

30495

Date Only

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child Qatey Williams If child is not yet named, make supplemental report as directed

BOY OR
GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF
BIRTH Sept 6 1923
 (Name of Month) (Day) (Year)

Be answered only in event of Twins or Triplets

FATHER

FULL
NAME

PRESENT
POSTOFFICE
OF FATHER

COLOR
OR
RACE

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

(11) AGE AT LAST
BIRTHDAY 26
 (Years)

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE OF
MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER

(14) NAME BEFORE
MARRIAGE Binkie M. C. Cuthbert

(15) PRESENT
POSTOFFICE OF
MOTHER Fowler

(16) COLOR
OR
RACE B

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ 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

Name added from a supplemental
report

(26) Witness

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

(27) Filed

Oct 1 1923 (28) L. C. Daniels
 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