

## (1) PLACE OF BIRTH

County of

Township of

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

17873

Registration District No. 9A

Registered No. 850...  
(For use of Local Registrar)

(No. 5012 Valley) (Ward)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 17, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Smith

(9) PRESENT POSTOFFICE OF FATHER

Chas S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

34  
(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Seaman

(14) NAME BEFORE MARRIAGE

Viola Williams

(15) PRESENT POSTOFFICE OF MOTHER

Chas S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Chas S.C.

(19) OCCUPATION

Domestic

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

4

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour \* A. M. or P. M.)

(23) (Signature)

Alice B. Gray

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

103 Short St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/21/22 J. M. Green 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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