

## (1) PLACE OF BIRTH

County of Myrtle  
 Township of Myrtle Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 12195—For State Registrar's Use

Registration District No. 41.9.6. Registered No. 22  
 (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 Martha Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth 1 (6) Age 7 years (7) DATE OF BIRTH April 14, 1923  
 To be covered only in event of Twin or Triplet (Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Solomon Williams  
 (9) PRESENT POSTOFFICE OF FATHER Rembert S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (12) BIRTHPLACE Sumter Co.  
 (13) OCCUPATION Team Labour  
 (14) NAME BEFORE MARRIAGE Pauline Sanchez  
 (15) PRESENT POSTOFFICE OF MOTHER Rembert S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Year)  
 (18) BIRTHPLACE Sumter Co.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 1  
 (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 Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Mary J. Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rembert

Given name added from a supplemental report

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

(27) Filed April 14, 1923 (28) McHadden 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.