

(1) PLACE OF BIRTH

County of Newberry
Township of No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19558

Incorporated Town of Registration District No. 340.8 Registered No. 40
(For use of Local Registrar)City of (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 Louise Williams { If child is not yet named, make supplemental report as directed

3) SEX OF CHILD? <u>g</u>	4) Twin or Triplet? <u>L</u> <small>Is he answered only in event of Twins or Triplets</small>	5) Number in order of birth <u>✓</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 1 1922</u> <small>(Month of Month) (Day) (Year)</small>
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FATHER.

8) NAME Jose B. Williams
9) PRESENT RESIDENCE Newberry SC
10) COLOR wh (11) AGE AT LAST BIRTHDAY 29 (Years)
12) BIRTHPLACE SC

MOTHER.

14) NAME BEFORE MARRIAGE Estelle King
15) PRESENT POSTOFFICE OF MOTHER Newberry SC
16) COLOR wh (17) AGE AT LAST BIRTHDAY 24 (Years)
18) BIRTHPLACE SC

19) OCCUPATION Cotton Mill operator
20) Number of children born to mother including present birth 2

19) OCCUPATION Housewife
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 born at (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 7 1922 (28) [Signature] 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.

before the fifth month of pregnancy.

McGraw-Hill, Inc., New York, N. Y.
This is a separate blank for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.