

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

Recd. of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		6174	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of <u>Abbeville, S. C.</u>		Registration District No. <u>1. a.</u>		Registered No. <u>29</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>R. S. Williams</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 1, 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>R. S. Williams</u>			(14) NAME BEFORE MARRIAGE <u>Jane Wardlaw</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C. R-3.8.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C. R-3.8.</u>		
(10) COLOR OR RACE <u>Blk.</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Blk.</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Abbeville, S. C.</u>			(18) BIRTHPLACE <u>Abbeville, S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Viola Thomas</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Abbeville, S. C.</u>					
Given name added from a supplemental report			(26) Witness <u>Miss Julia M. Allister</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Mar. 4, 1922</u>		
Registrar			(28) <u>Miss Julia M. Allister</u> 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.					