

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Honolulu
 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

36880

Registration District No. 105 Registered No. 57
 (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 Jessie Williams {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Williams
 (9) PRESENT POSTOFFICE OF FATHER Honolulu S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (Year)
 (12) BIRTHPLACE Honolulu, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Silvia
 (15) PRESENT POSTOFFICE OF MOTHER Honolulu, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE Potomac Co
 (19) OCCUPATION Domestic
 (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 born alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Normelia Sanders
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Honolulu, S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 7, 1922 (28) Cecile Humphreys 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.

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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.