

(1) PLACE OF BIRTH

County of Charleston
 Township of East

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17924

Ina. Town of Registration District No. 902 Registered No. 433
 (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 Margaret Williams If child is not yet named, make supplemental report as directed

3) SEX OR
 GENDER

(4) Twin
 or Triplet?

(5) Number in
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF
 BIRTH

May 7, 22
 (Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

Allegitimate

(9) PRESENT
 RESIDENCE
 OF FATHER

(10) COLOR
 OF
 FATHER

(11) AGE AT LAST
 BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

6

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Mary Williams

(15) PRESENT
 RESIDENCE
 OF MOTHER

Edisto Island

(16) COLOR
 OR
 RACE

Col.

(17) AGE AT LAST
 BIRTHDAY

32
 (Years)

(18) BIRTHPLACE

Edisto Island

(19) OCCUPATION

Labner

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Edisto Island

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

....., 191....

.....
 Registrar

(26) Witness

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

on June 3, 1922

(28) S. G. W. Lewis
 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.