

MARGIN HEREFTER FOR BINDING. WRITE PLAINLY. WITH LEADING INITIALS IN A PROMINENT RECORD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the POSITION, No. 1, THE OTHER, No. 2, etc. in question 2.

(1) PLACE OF BIRTH  
County of Florence  
Township of Cheney  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**4119**

Registration District No..... Registered No.....  
(For use of Local Registrar)

(2) Full Name of Child Isaac Williams (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? Twin 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb. 22  
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Ed Williams 14) NAME BEFORE MARRIAGE Amel James  
9) PRESENT POSTOFFICE OF FATHER Florence, S.C. 15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.  
12) COLOR OR RACE Colored 16) AGE AT LAST BIRTHDAY 49 17) AGE AT LAST BIRTHDAY 33  
(Years) (Years)  
13) BIRTHPLACE Barbington County 18) BIRTHPLACE Florence Co.  
13) OCCUPATION Farming 19) OCCUPATION Dom  
20) Number of children born to mother, including present birth 9 21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. McDaniel (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheney, S.C.

Given name added from a supplemental report.....

(26) Witness W. H. McDaniel (Signatures of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 9 1922 (28) W. H. McDaniel 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.