

(1) PLACE OF BIRTH

County of

Greenwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90227

Township of

Trusty Bay

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.)

Registration District No. *2210*

Registered No. *101*

(For use of Local Registrar)

(2) Full Name of Child

William C Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Dec. 28 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Williams

(9) PRESENT POSTOFFICE OF FATHER

96 St

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

St

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Jones

(15) PRESENT POSTOFFICE OF MOTHER

96 St

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

St

(19) OCCUPATION

Laborer

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

1

(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 at *St* *a* M.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Jas Stouche

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St 96 St

Even name added from a supplemental report

J. M. Turner
Registrar

101. *6*

(26) Witness

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

(27) Filed

101. *6*

(28)

J. M. Turner
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.

FORM, No. 1, THIS OTHER, No. 2, etc., in question.