

WAYNE PLAINLY, WITH UNREADING 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 2.

N. 1

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of York
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.)

(2) Full Name of Child Helen Lee Williams

File No.—For State Registrar Only
20600

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

Registration District No. 4468 Registered No. 87
(For use of Local Registrar)

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

FATHER.
(8) FULL NAME Claude Glenore
(9) PRESENT POSTOFFICE OF FATHER York Sc
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Lee Williams
(15) PRESENT POSTOFFICE OF MOTHER York Sc
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE York Sc
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York Sc

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 20 1922 (28) John H. Roberts 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.

REGISTRAR
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