

20

(1) PLACE OF BIRTH

County of AbbevilleTownship of Laurensville

Inc. Town of

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 Benjamin Franklin 2 to 3

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH March 15, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME James R. 1 to 314) NAME BEFORE MARRIAGE Ida Marshall Williams9) PRESENT POSTOFFICE OF FATHER Laurensville S.C.15) PRESENT POSTOFFICE OF MOTHER Laurensville S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 48
(Years)16) COLOR OR RACE white17) AGE AT LAST BIRTHDAY 42
(Years)12) BIRTHPLACE S.C.18) BIRTHPLACE S.C.13) OCCUPATION Teacher19) OCCUPATION House wife20) Number of children born to mother, including present birth Seven21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was male at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucas Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurensville S.C.

Given name added from a supplemental report

(26) Witness W. C. 1
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 10, 1923 (28) W. C. 1 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.