

MARGIN RESERVED FOR BUNDLING.  
WRITE PLAINLY, WITH UNFADING 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 5.

(1) PLACE OF BIRTH

County of Newberry  
Township of No. 11  
OR  
Inc. Town of.....  
OR  
City of .....

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

File No.—For State Registrar Only  
**43828**

Registration District No. 3404

Registered No. 76  
(For use of Local Registrar)

(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 Isabel Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 28 1922  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years) (12) BIRTHPLACE (13) OCCUPATION (14) NAME BEFORE MARRIAGE Emma Williams (15) PRESENT POSTOFFICE OF MOTHER Romania (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) 24 (18) BIRTHPLACE Romania (19) OCCUPATION Farming (20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline G. Selms (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness E. L. Gentry (Signature of witness necessary only when question 25 is signed by mark)

(27) Filed 1/6 1923 (28) R. J. Johnson 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.

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