

Form No. 1

## (1) PLACE OF BIRTH

County of

Newberry

Township of

or

In Town of

or

City of

Newberry

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31370

Registration District No. 347.9

Registered No. 135

(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 Horace Calvin Williams If child is not yet named, make supplemental report as directed

(3) Sex of Child <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 11</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Malcolm R Williams

(9) PRESENT POSTOFFICE OF FATHER Newberry SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Carpenter

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Ranton

(15) PRESENT POSTOFFICE OF MOTHER Newberry SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 3(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 6 A ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hanceal(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 4 1922 (28) B. B. Cunningham 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.