

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

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

County of Wayne
 Township of Timmmonsville
 or
 Inc. Town of
 or
 City of (No. St.; Ward.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2015 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Robert Williams If child is not yet named, make supplemental report as directed

(3) SEX OR GENE Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 9 22
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Jesse Williams (9) PRESENT POSTOFFICE OF FATHER Timmmonsville (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years) (12) BIRTHPLACE S.C. (13) OCCUPATION Farm

MOTHER. (14) NAME BEFORE MARRIAGE Bill Jackson (15) PRESENT POSTOFFICE OF MOTHER Timmmonsville (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years) (18) BIRTHPLACE S.C. (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miriam (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Timmmonsville S.C.

Given name added from a supplemental report

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(26) Witness R.H. Nelson (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 27 1922 (28) R.H. Nelson 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.