

## (1) PLACE OF BIRTH

County of Allendale  
 Township of Country  
 or  
 Inc. Town of Country  
 or  
 City of Country

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

2704

Registration District No. 46Registered No. 17  
(For use of Local Registrar)(No. At home)St. 1 Ward 1

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Is child living yes (7) DATE OF BIRTH Feb. 15, 1929  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Williams(9) PRESENT RESIDENCE OF FATHER Allendale(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 20  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Capers(15) PRESENT RESIDENCE OF MOTHER Allendale(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 5-2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Alberta Ford(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Allendale

Given name added from a supplemental report

(25) Witness F. H. Boyd(26) Signature of Witness Recording Birth F. H. Boyd(27) Date Feb. 15, 1929 (28) Signature of Registrar F. H. Boyd

When there was no attending physician or midwife, the mother or father, or other person, should make a statement if a child breathes over the placenta, or if the child is born dead, or if the child is born with a mark on the back of the neck.