

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Hobbs

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

65777

Inc. Town of Registration District No. 3608 Registered No. 38
 or (For use of Local Registrar)
 City of (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 Donell 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 June 24
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Croatan (11) AGE AT LAST BIRTHDAY 22
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Williams(15) PRESENT POSTOFFICE OF MOTHER Peaces S.C.

(16) COLOR OR RACE Croatan (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE Orangeburg Co S.C.(19) OCCUPATION Housework

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Miller Livingston (24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: North S.C.

Given name added from a supplemental report

(26) Witness W. J. Livingston
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/2 (28) W. J. Livingston
 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 occurring within months of pregnancy.