

Form No. 1

(1) PLACE OF BIRTH

County of Orangeville S.C.

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29995

Registration District No. 35 D3 Registered No. 253
(For use of Local Registrar)(2) Full Name of Child Emma Williams

If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|---------------------------------------------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------------------|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Age Parents Married <u>no</u> | (7) DATE OF BIRTH <u>9-5-23</u> (Name of Month) (Day) (Year) |
|--------------------------------|---------------------------------------------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------------------|

FATHER.

(8) FULL NAME Tom Williams(9) PRESENT POSTOFFICE OF FATHER Hadsden S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43 (Year)(12) BIRTHPLACE Fort Motte S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 71

MOTHER.

(14) NAME BEFORE MARRIAGE Unie Bailey(15) PRESENT POSTOFFICE OF MOTHER Hadsden S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Year)(18) BIRTHPLACE Orangeville S.C.(19) OCCUPATION Nothing(20) Number of children of this mother now living, including present birth 51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Hadsden S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Carrie Porter

(Signature of Witness necessary only when Question 23 is signed by clerk)

(27) Filed 9/5/23 (28) 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.