

Form No. 1

(1) PLACE OF BIRTH

County of Durham S.C.  
Township of .....  
of .....  
Inc. Town of .....  
of .....  
City of .....

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. 3503 Registered No. 255  
(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 Emma Williams --- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Age Parents Married? no (7) DATE OF BIRTH 9-5-23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Tom Williams  
(9) PRESENT POSTOFFICE OF FATHER Gadsden, 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 7

MOTHER.  
(14) NAME BEFORE MARRIAGE Unie Bailey  
(15) PRESENT POSTOFFICE OF MOTHER Gadsden, S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39  
(Year)  
(18) BIRTHPLACE Durham S.C.  
(19) OCCUPATION Nothing  
(20) 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 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report  
.....  
.....  
.....  
Registrar

(26) Witness Carrie Porter  
(Signature of Witness necessary only when Question 23 is signed by mother)  
(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.