

WRITE PLAINLY, WITH UNFADING INK—USE A SEPARATE BLANK FOR EACH CHILD, and mark the N. 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.

MECAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Union
OF
Inc. Town of
OR
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36022

Registration District No. 3616 Registered No. 87
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 18, 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME George E. Williams
(9) PRESENT POSTOFFICE OF FATHER Cope S C R 7 D
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48
(Years)
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth Thirteen

MOTHER
(14) NAME BEFORE MARRIAGE Alice Bowman
(15) PRESENT POSTOFFICE OF MOTHER Cope S C R 7 D
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37
(Years)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive at 7:4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eunice Bushy

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cope S C R 7 D

Given name added from a supplemental report

see affidavit
7/17/44 L. A. R.
Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 27, 22

(28) R. K. Wierrey
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.