

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Top  
 or  
 Inc. Town of  
 or  
 City of No.

## CERTIFICATE OF BIRTH

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

No. 12. - For State Registrar Only

9437

Registration District No. 4301Registered No. 35  
(For use of Local Registrar)

## (2) Full Name of Child

Emily Morgan Sweet  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl(4) Time or Tides  
To be entered only in case of Twins or Triplets

(5) Place in order of birth

(6) Sex

(7) DATE OF BIRTH Mar 30, 22  
(Month) (Day) (Year)

## FATHER

(8) FULL NAME Emory Leonard Sweet(9) PRESENT POSTOFFICE OF FATHER Gauleyville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Anna Watts(15) PRESENT POSTOFFICE OF MOTHER Gauleyville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Emily Watts on the date above stated. (How alive or stillborn) (How L. B. or P. B.)(23) (Signature) Nancy Woods(24) Name (Printed) Nancy Woods(25) Residence or Office Gauleyville S.C.(26) Address of Physician or Midwife Gauleyville S.C.

Given: name, address, date of registration, and signature

Witness

(Signature of Witness necessary only when question 22 is signed by mother)

John H. ...When there was no ...  
If a child is born

When the mother, householder, etc., should make a report to the Bureau, no record is desired or retained.