

FORM NO. 7
 MAINLY REMOVED FOR MINOR
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Saluda</u>		STATE OF SOUTH CAROLINA.		26120	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>28</u>		Registered No. <u>82</u>	
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 <u>Kettie May Williams</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>known as child born first</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>y</u>	(7) DATE OF BIRTH <u>Apr 24 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Williams</u>			(14) NAME BEFORE MARRIAGE <u>Enlow Norris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridge Spring</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)			
(12) BIRTHPLACE <u>Saluda County</u>			(18) BIRTHPLACE <u>Saluda County</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife / Jan labor</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>yes</u> <u>P. M.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>B. J. Norris</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Phys Ridge Spring S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 101			(27) Filed <u>Aug 8 1922</u> (28) <u>Dr. J. B. L. L. L.</u> Local Registrar		
..... 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.

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