

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 2.

(1) PLACE OF BIRTH

County of Albermarle
 Township of W. H. H. H. H.
 or
 Inc. Town of.....
 or
 City of.....

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

No. 120—For State Registrar Only

Registration District No. 4602 Registered No. 4
 (For use of Local Registrar)

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

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

(a) BOY OR GIRL boy (b) Twin or Triplet No (c) Number in order of birth no (d) Are parents married no (e) DATE OF BIRTH Jan 17 1923

FATHER.
 (a) FULL NAME Don't know
 (b) PRESENT RESIDENCE OF FATHER /
 (c) COLOR OR RACE / (d) AGE AT LAST BIRTHDAY..... (Years)
 (e) BIRTHPLACE /
 (f) OCCUPATION /
 (g) Number of children born to mother, including present birth 1

MOTHER.
 (a) NAME BEFORE MARRIAGE Lillian Williams
 (b) PRESENT RESIDENCE OF MOTHER Baldon SC
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY..... (Years)
 (e) BIRTHPLACE SC
 (f) OCCUPATION Farm Labor
 (g) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Be alive or stillborn.) (Hour 9 A. M. or P. M.)

(23) (Signature) L. H. Aldrich
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Baldon SC
 (26) Witness C. Calhoun (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 24 1923 (28) L. H. Aldrich 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.