

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 2.
Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Williamsburg
OR
Inc. Town of.....
OR
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 4387

File No.—For State Registrar Only
26593

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child.....

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth To be answered only in event of Twin or Triplet	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>FATHER</u>		(9) NAME BEFORE MARRIAGE <u>MOTHER</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Williamsburg</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Williamsburg</u>		
(12) COLOR <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>3</u> (Years)	(14) COLOR <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) BIRTHPLACE <u>Williamsburg Co</u>
(17) OCCUPATION <u>Teacher</u>		(18) OCCUPATION <u>Teacher</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) [Signature]

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Williamsburg Co

Given name added from a supplemental report

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

(26) Filed..... (27) 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.