

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
Township of Darlington
or
Inc. Town of Darlington
or
City of

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

File No.—For State Registrar Only
42032

Registration District No. 1-19 Registered No. 34
(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 Minnie Williams

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>30</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 23 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Rabert William
(9) PRESENT POSTOFFICE OF FATHER Darlington
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Jackson
(15) PRESENT POSTOFFICE OF MOTHER Darlington
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic duties

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Bernice Thomas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington SC

Given name added from a supplemental report

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

(27) Filed Jan 2 1923 (28) R. J. Chaplin
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.

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.