

Form No. 1

## (1) PLACE OF BIRTH

County of BlyTownship of 11

or

Inc. Town of 11

or

City of 11

(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

File No.—For State Registrar Only

28987

Registration District No. 6a Registered No. 46

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Ella Williams

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

3) BOY OR GIRL? Girl 4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Williams(9) PRESENT POSTOFFICE OF FATHER Beaufort(10) COLOR OR RACE Cole (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Kearns Truck(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hett Morrison(15) PRESENT POSTOFFICE OF MOTHER Beaufort(16) COLOR OR RACE Cole (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE St Helena(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:22 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Peter X Patrick(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness May Karen

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

(27) Filed Sept 10 1922 (28) May Karen 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.