

## (1) PLACE OF BIRTH

County of

Township of

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

File No.—For State Registrar Only

40997

Registration District No. 511

Registered No. 13

(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?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 23 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clifford C. Norris

(9) PRESENT POSTOFFICE OF FATHER

Williston S.C. RD #2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

seven

## MOTHER

(14) NAME BEFORE MARRIAGE

Lilly Randal

(15) PRESENT POSTOFFICE OF MOTHER

Williston S.C. RD #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Barnwell Co.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Williston, S.C.

Given name added from a supplemental report

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

(27) Filed

July 9, 1922

(28)

J. W. Johnson

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.