

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Aiken*  
Township of *Deepwater*  
or  
Inc. Town of  
or  
City of

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

Registration District No. *21.2*

File No.—For State Registrar Only  
**13422**

Registered No. *17*  
(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 *William Newmon*

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

(3) BOY OR GIRL *boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *no* (7) DATE OF BIRTH *5. 4. 22*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Je Williams*  
(9) PRESENT POSTOFFICE OF FATHER *Jackson S C*  
(10) COLOR OR RACE *niger* (11) AGE AT LAST BIRTHDAY *23* (Years)  
(12) BIRTHPLACE *Aiken CO*  
(13) OCCUPATION *farmer*  
(20) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Newmon*  
(15) PRESENT POSTOFFICE OF MOTHER *Jackson S C*  
(16) COLOR OR RACE *niger* (17) AGE AT LAST BIRTHDAY *18* (Years)  
(18) BIRTHPLACE *Aiken CO*  
(19) OCCUPATION *farmers girl*  
(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1 PM.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) *W. H. Widner* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Salatha 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 *5/16* 19 *22* (28) *S. J. Owens* 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.