

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

or  
Inc. Town of Paulineor  
City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

6672

Registration District No. 7th R. Registered No. 15  
(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 Emma Williams (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number last order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 31, 1923  
(Name of Month) (Day) (Year)

## FATHER:

(8) FULL NAME Carle William(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 3

## MOTHER:

(14) NAME BEFORE MARRIAGE Martha Capell(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:00 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Lyndal R. R. R.(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. H. R. R.  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 29, 1923 (28) A. H. R. R.  
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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.