

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Paris MTor  
Inc. Town ofor  
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

42801

Registration District No. 2214 Registered No. 54  
(For use of Local Registrar)

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

(2) Full Name of Child..... { 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? Yes (7) DATE OF BIRTH Dec. 28, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robt Williams(9) PRESENT POSTOFFICE OF FATHER Greenville R. 3(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 4.....

## MOTHER.

(14) NAME BEFORE MARRIAGE Didena Carr(15) PRESENT POSTOFFICE OF MOTHER Greenville R. 3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3.4 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) D. B. Rodette, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dravens Rest A.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 10, 1923 (28) J. B. Hester 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.