

Form No. 1.

(1) PRESENT OR FORMER

CERTIFICATE OF BIRTH

BIRTH OF SON OR DAUGHTER

Bureau of Vital Statistics

State Department of Health

FILE NO. - FOR THE REGISTER ONLY

48239

County of CalhounTownship of Amelia

or

Inc. Town of

or

City of

Registration District No. 22Registration No. 22

(See Use of Local Registration)

(No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wills Switzer

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
Is he entered only in case of Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Sept. 28
(Name of Month) Sept

FATHER'S

(8) FULL NAME Wills Switzer(9) PRESENT POSTOFFICE OF FATHER H. T. Williams(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Iron Laborer(14) Number of children born to mother, including present birth 3

MOTHER'S

(14) NAME BEFORE MARRIAGE Rosa Key(15) PRESENT POSTOFFICE OF MOTHER H. T. Williams(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 22 22
(Born alive or stillborn) (Month & Year)(23) (Signature) W. H. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife H. T. Williams(26) Witness W. H. Williams

(Signature of witness necessary only when question of legitimacy is raised)

(27) Date Sept. 28(28) Place Calhoun

MARGIN RESERVED FOR BINDING.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—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.

No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

When the child is born, the father, householder, etc., should make this report. If the child is born dead, the report is not required. The report is required of stillborn infants. The report is required of stillborn infants. The report is required of stillborn infants.