

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

127

County of Williamsburg

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Bullhead

or
Inc. Town of

Registration District No. 4603

Registered No. 9

or
City of

(No. St. Ward)

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

(2) Full Name of Child W. J. S. Sess. Albany

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet? No
To be answered only in case of twins or triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 22, 22
(Give of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Albany

(9) PRESENT POSTOFFICE OF FATHER Barton

(10) COLOR OR RACE colored

(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Barton S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth two, 2

MOTHER.

(14) NAME BEFORE MARRIAGE Phelia Drayton

(15) PRESENT POSTOFFICE OF MOTHER Alundale H.C.

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Mockorange track

(19) OCCUPATION Farmer's Wife

(20) Number of children of this mother now living, including present birth two, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Alexander Wilson

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Midwife Alundale H.C.

Given name added from a supplemental report

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Registrar

(23) Witness (Signature of Witness, necessary only when question 22 is signed by mark)

(27) Filed Jan 31, 1922 (28) J. A. Rouse 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.

Registrar _____ Local Registrar _____

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THIS IS A PUBLIC RECORD. IT IS THE DUTY OF EVERY CITIZEN TO REGISTER THE BIRTH OF HIS CHILD. THE STATE BOARD OF HEALTH HAS THE HONOR OF RECORDING THE BIRTH OF EVERY CHILD BORN IN THIS STATE. THE OTHER, No. 2, etc. in question 5.