

Form No. 1

(1) PLACE OF BIRTH

County of LowndesTownship of LowndesInc. Town of LowndesCity of Lowndes

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1

File No. — For State Registrar Only

3523

Registered No. 3
(For use of Local Registrar)St. 1 Ward 1

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

(2) Full Name of Child

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

(3) SEX (M or F) Male(4) Twin or Triplet No(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH July 1, 1923
(Name of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME W. J. Williams(9) PRESENT POSTOFFICE OF FATHER Lowndes(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Lowndes(13) OCCUPATION Teacher(14) NAME BEFORE MARRIAGE Miss Williams(15) PRESENT POSTOFFICE OF MOTHER Lowndes(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Lowndes(19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2(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 alive or stillborn at 1:10 P.M. on the date above stated. (Born alive or stillborn) Hour 1 M. or P. M. 10(23) (Signature) W. J. Williams(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lowndes

(Have name added from a supplemental report)

(26) Witness

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

(27) Filed July 9, 1923

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.