

THIS IS A PREPARED FORM. IT IS NOT TO BE REPRODUCED IN ANY MANNER. IT IS TO BE USED AS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH

County of *Colleton*
Township of *Wendell*
or
Inc. Town of
or
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

Registration District No. *1409*

File No. — For State Registrar Only

918

Registered No. *21*

(For use of Local Registrar)

(2) Full Name of Child *Ruffus Williams*

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 *Jan 10 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Ruffus Williams*
(9) PRESENT POSTOFFICE OF FATHER *Pitters S.C.*
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *23*
(Year)
(12) BIRTHPLACE *S. C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *2*

MOTHER

(14) NAME BEFORE MARRIAGE *Louise Williams*
(15) PRESENT POSTOFFICE OF MOTHER *Pitters*
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *20*
(Year)
(18) BIRTHPLACE *S. C.*
(19) OCCUPATION *Domestic*
(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* at *S. P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Annie Jamison*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wallerboro, S.C. 2922*

Given name added from supplemental report

(26) Witness

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

(27) Filed *Feb 10 1922*

(28) *Dr. Wm. H. Black*

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.