

(1) PLACE OF BIRTH

County of Durham
 Township of Weldon
 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

File No.—For State Registrar Only
13758

Registration District No. 513 Registered No. 32
 (For use of Local Registrar)

St. Ward)
 (No.
 (if child is not yet named, make supplemental report as directed)

(2) Full Name of Child

For William J. W.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>May 20 1922</u>
FATHER			MOTHER	
(8) FULL NAME <u>Wm. W. W.</u>			(14) NAME BEFORE MARRIAGE <u>May Howell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Weldon, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Weldon, S.C.</u>	
(10) COLOR OR RACE <u>Wegro</u>			(16) COLOR OR RACE <u>Wegro</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife
Midwife

Given name added from a supplemental report

(25) Witness

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

(27) Filed

May 20 1922

(28)

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.

SWORN TO before me on the _____ day of _____, 19____, at _____, South Carolina, by _____, a person known to me, and being duly sworn, I have signed this certificate and have caused it to be signed by the proper officers of the Bureau of Vital Statistics, State Board of Health, at the City of Columbia, South Carolina.