

File No. — For State Registrar Only  
43790

(1) PLACE OF BIRTH

County of Mecklenburg  
Township of Reids Hill  
OR  
Inc. Town of .....  
OR  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 23.07

Registered No. 7  
(For use of Local Registrar)

(2) Full Name of Child William Edward Jr.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 7, 22  
To be answered only in event of Twins or Triplets  
If child is not yet named, make supplemental report as directed  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Wm Edward Emanuel  
(9) PRESENT POSTOFFICE OF FATHER Blenheim S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Grace Rivers  
(15) PRESENT POSTOFFICE OF MOTHER Blenheim S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION H.W.

(20) Number of children born to mother, including present birth 1  
(21) 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 alive on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John H. Smith Jr.  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Blenheim S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 10, 23 (28) H. H. Evans  
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.

MARGIN RESERVED FOR FILING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the MOTHER OF COLUMBIA, COLUMBIA, S. C.