

(1) PLACE OF BIRTH

County of Berkely Co.Township of St. John'sor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200Registered No.
(For use of Local Registrar)

(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 Bertie Williams If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Type or Triplet 1 (5) Number in order of birth 1 (6) Are Twin Markers yes (7) DATE OF BIRTH Nov 6 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Williams(9) PRESENT RESIDENCE OF FATHER Cross St.(10) COLOR OR RACE Cord (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Berkely Co(13) OCCUPATION farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Giedzord(15) PRESENT RESIDENCE OF MOTHER Cross St.(16) COLOR OR RACE Cord (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Berkely Co(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was girl at Q. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Emma Bradley(23) State whether Physician or Midwife mid wife (24) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

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

(26) Filed Nov 14 23 (27) W. H. Smith

When there is no attending physician or midwife, then the father, householder, etc., should report the birth of a child within even date, it must not be reported as stillborn. No report is necessary before the first month of pregnancy.

FIRST-BOOK, No. 1 THE OTHER, No. 2, etc., in question 1