

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

**(1) PLACE OF BIRTH**  
 County of Pike  
 Township of McLure  
 Inc. Town of .....  
 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. 208 Registered No. 3  
 (For use of Local Registrar)

**(2) Full Name of Child** Clary Lee Williams If child is not yet named, make supplemental report as directed

(3) SEX OR GROWTH <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 30, 23</u> (Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Walter Williams</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Broughnight</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Earle SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Earle SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(12) BIRTHPLACE <u>Pike Co</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Pike Co</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.  
 (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Ross  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Earle SC

Given name added from a supplemental report

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

(27) Filed 4/7 19 23 (28) L. C. Frazier 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.