

Form No. 1

(1) PLACE OF BIRTH

County of Williams

Township of Williams

Inc. Town of Williams

City of Williams

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15013

Registration District No. 4500

Registered No. 22
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Charles Franklin

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy

4. Twin or Triplet? no

5. Number in order of birth 1

6. Are Parents Married? yes

7. DATE OF BIRTH April 2, 1923
(Month) (Day) (Year)

FATHER.

8. FULL NAME Richard

9. PRESENT POSTOFFICE OF FATHER Williams

10. COLOR OR RACE Color

11. AGE AT LAST BIRTHDAY (Years) 34

12. BIRTHPLACE Williams

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Maggie Pinner

15. PRESENT POSTOFFICE OF MOTHER Williams

16. COLOR OR RACE Color

17. AGE AT LAST BIRTHDAY (Years) 34

18. BIRTHPLACE Williams

19. OCCUPATION Farmer

21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Pinner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed April 10, 1923 (28) P. A. Matheson 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.