

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of EastoverInc. Town of EastoverCity of Eastover

(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 HealthRegistration District No. 8803No. 22435
For State Registrar OnlyRegistered No. 211
(For use of Local Registrar)(2) Full Name of Child amy Williams

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

3) BOY OR GIRL <u>girl</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 <u>July 31</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>am none</u>		14) NAME BEFORE MARRIAGE <u>shirley Williams</u>		
9) PRESENT POSTOFFICE OF FATHER		15) PRESENT POSTOFFICE OF MOTHER <u>Eastover SC</u>		
10) COLOR OR RACE <u>colored</u>	11) AGE AT LAST BIRTHDAY (Years)	16) COLOR OR RACE <u>colored</u>	17) AGE AT LAST BIRTHDAY (Years)	
12) BIRTHPLACE <u>Eastover</u>		18) BIRTHPLACE <u>Eastover</u>		
13) OCCUPATION		19) OCCUPATION <u>Farming</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>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) amy L. Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
mid wife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/6 23(28) Dr. Ferguson
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.