

(1) PLACE OF BIRTH

County of LancasterTownship of LancasterInc. Town of LancasterCity of Lancaster

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 28ANo. 41174Registered No. 100

(For use of Local Registrar)

(No. 100 St. 100 Ward 100)

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

(2) Full Name of Child

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

(3) SEX OF CHILD <u>m</u>	(4) Type of Triplet <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>4</u>	(6) Age of mother <u>40</u>	(7) DATE OF BIRTH <u>10/20/24</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charles J. Williams</u>	(10) NAME BEFORE MARRIAGE <u>Thos. Kiel</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Lancaster Sc.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Lancaster Sc.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>
(15) BIRTHPLACE <u>SC</u>	(15) BIRTHPLACE <u>SC</u>	(15) OCCUPATION <u>Mill operator</u>	(15) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>4</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 born at 10/20/24 M., on the date above stated. live or stillborn (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician Lancaster Sc.

Given name added from a supplemental report	(26) Witness <u>[Signature]</u> (Signature of Witness necessary only when question 22 is signed by mark)
(27) Date <u>July 5 1924</u>	(28) Local Registrar <u>[Signature]</u>

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.