

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. 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 questions 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		44398	
Township of <u>Barnwell</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>3.01</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Marion Williams</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 27, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Minicy Williams</u>			(14) NAME BEFORE MARRIAGE <u>Lottie Gibson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Flora Carmichael</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife</u> <u>Barnwell, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by male)		
..... 19..... Registrar			(27) Filed <u>Apr 12, 1924</u> (28) <u>C.B. Ray</u> 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.