

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD, and must be
 in the 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 A. S. Hevilly

Township of Wagners

Inc. Town of.....

City of.....

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

(2) Full Name of Child

William Henry Williams

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married No (7) DATE OF BIRTH Oct 17 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME.....
 (9) PRESENT RESIDENCE OF FATHER.....
 (10) COLOR OR RACE..... (11) AGE AT LAST BIRTHDAY..... (Year)
 (12) BIRTHPLACE.....
 (13) OCCUPATION.....
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Frances Williams
 (15) PRESENT RESIDENCE OF MOTHER Calhoun Falls, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... (Year)
 (18) BIRTHPLACE Aberville Co
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... alive... at 10... PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) O. L. Lewis
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when Section 23 is signed by mark)
 (26) Filed Oct 20 1923 (27) 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.