

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 2. 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 question 5.
 3. 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 question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		9629	
Township of <u>Lawrenceville</u>		Bureau of Vital Statistics			
Inc. Town of		Registration District No.		Registered No. <u>18</u>	
City of		(No. St.; Ward)		(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 <u>Willie Williams</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 12 1922</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Lula Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrenceville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrenceville SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>Washer woman</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>10 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James Beach</u>					
(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)		
19			(27) <u>April 10 1922</u> (28) <u>J. M. L. ...</u> Local Registrar		
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.