

(1) PLACE OF BIRTH

County of Loraine

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30134

Registration District No. 20 A Registered No. 280(No. 221 Black Cat Alley Local Registrar)

Ward

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

(2) Full Name of Child Ballie Williams child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>Sept 15, 22</u> BIRTH (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Williams(9) PRESENT POSTOFFICE OF FATHER Loraine S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 53 (Year)(12) BIRTHPLACE Edgfield Co.(13) OCCUPATION Reg. Employee(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gracia Rush(15) PRESENT POSTOFFICE OF MOTHER Loraine S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Loraine Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Beckie Scott

(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)

(27) Filed 9-18-22 P. H. Brughan 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.