

WRITE PLAINLY, WITH UNFADING INK—FURNISH A PERMANENT RECORD.  
 A 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 1.

(1) PLACE OF BIRTH

County of O. Corcoran  
 Township of Center  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

11431

Registration District No. 3500 Registered No. 3500  
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3 6 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Raman Williams

(9) PRESENT POSTOFFICE OF FATHER Forir Play

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Turner

(20) Number of children born to mother, including present birth 1 15

MOTHER.

(14) NAME BEFORE MARRIAGE Hestine Leickson

(15) PRESENT POSTOFFICE OF MOTHER Forir Play

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 5

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) W. C. Wright (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness W. C. Wright (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/21/23 (28) A. P. Martin 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.