

(1) PLACE OF BIRTH

County of BambergTownship of Buford Bridge

Inc. Town of.....

City of

(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

40026

Registration District No. 401Registered No. 138
(For use of Local Registrar)(2) Full Name of Child Fannie Sue Williams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 31, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Williams(9) PRESENT POSTOFFICE OF FATHER Clas Se(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE farm Clas Se(13) OCCUPATION farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Baxter(15) PRESENT POSTOFFICE OF MOTHER Clas Se(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 15
(Years)(18) BIRTHPLACE Clas Se(19) OCCUPATION farm work(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betsy Beusse(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Clas Se

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed from 1 19 22 (28) J. E. Bennett 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.

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