

MARGIN RESERVED FOR READING

N. 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

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of *Spthly*

Township of *Liberty*

or

Inc. Town of *Liberty* Registration District No. *40-A* Registered No. *391-424*

City of *Liberty* (No. *154-L*) (For use of Local Registrar)

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

File No.—For State Registrar Only

87296

(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? *1* (5) Number in order of birth *1* (6) Are Parents Married? *Y* (7) DATE OF BIRTH *Oct 27*

To be answered only in case of twins or triplets (Name of Month) (Day) 19*1*

FATHER.

(8) FULL NAME *J. L. Williams*

(9) PRESENT POSTOFFICE OF FATHER *Spthly S.C.*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *Spthly S.C.*

(13) OCCUPATION *Clark S. Railway*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Dollie Coker*

(15) PRESENT POSTOFFICE OF MOTHER *Spthly S.C.*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *21* (Years)

(18) BIRTHPLACE *Ham Co. N.C.*

(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 *Liberty*, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *G. F. Wilson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M. O. City*

Given name added from a supplemental report

....., 191.....

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Oct 1 191* (28) *Jas Copes* 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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K O D A K