

# 1. PLACE OF BIRTH

(1) PLACE OF BIRTH

County of Bamwell

Township of Williston

or Town of Williston

or City of Williston

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

(2) Full Name of Child Jessie Buckley

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 6

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 6 1922

(8) NAME BEFORE MARRIAGE Emma Canall

(9) PRESENT POSTOFFICE OF FATHER Williston SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 37

(12) BIRTHPLACE Liberton Mo.

(13) OCCUPATION Minister

(14) NAME BEFORE MARRIAGE Emma Canall

(15) PRESENT POSTOFFICE OF MOTHER Williston SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 37

(18) BIRTHPLACE King City Mo.

(19) OCCUPATION Wife

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5 A. M. on the date above stated. Hour A. M. or P. M.

(23) (Signature) J. L. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williston SC

Given name added from a supplemental report

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

(27) Filed Feb 10 1922 (28) 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.

## CERTIFICATE OF BIRTH

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

Registration District No. 1.3

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

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File No. — For State Registrar Only

320

Registered No. 4  
(For use of Local Registrar)

St. Williston Ward

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

(7) DATE OF BIRTH Jan 6 1922

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1. In case of TWIN or TRIPLETS use a NEW CARBON IMPRINTING TABLET CHILD and make the PRINTING, No. 1. THE CHILD, No. 2, etc. in question 2.

State of Columbia, S. C.