

USE THIS FORM ONLY IN CASE OF TWINS OR TRIPLETS. IN ALL OTHER CASES, USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		4940	
Township of <u>Central</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>9700</u>		Registered No. <u>28</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lesse Lemette Williams</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 17, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter W. Williams</u>			(14) NAME BEFORE MARRIAGE <u>Agnes West</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Catuchee, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Catuchee, S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Electrician</u>			(19) OCCUPATION <u>✓</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>J. L. Webb</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Catuchee, S. C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>Mar 6 1923</u> (28) <u>J. D. Beaudin</u> 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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