

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williams</u>		STATE OF SOUTH CAROLINA.		47666	
Township of <u>Walter</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of <u>Walter</u>		Registration District No. <u>1</u>		Registered No. <u>1</u>	
City of <u>Walter</u>		(No. <u>1</u> St.; <u>1</u> Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>William</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William</u>			(14) NAME BEFORE MARRIAGE <u>William</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Walter</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Walter</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>			
(12) BIRTHPLACE <u>Walter</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Walter</u>		
(19) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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>Walter</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>William</u>					
(24) State whether Physician or Midwife <u>Physician</u>			(25) Address of Physician or Midwife <u>Walter</u>		
Given name added from a supplemental report <u>191</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>William</u>		
Registrar <u>William</u>			(27) Filed <u>191</u> (28) Local Registrar <u>William</u>		

*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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