

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

Dorchester

Rivers

Ridgeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

34164

Registered No. 66
(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 Royanna Williams

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

(3) Sex of Child Male (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 4 22
(Name of Month/Day/Year)

FATHER		MOTHER	
(8) FULL NAME Lucius Williams	(14) NAME BEFORE MARRIAGE Jennie Grant		
(9) PRESENT POSTOFFICE OF FATHER Ridgeville	(15) PRESENT POSTOFFICE OF MOTHER Ridgeville		
(10) COLOR OR RACE Negro	(16) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 48 (Years)	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE So. Car.	(18) BIRTHPLACE So. Car.		
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Royanna Telark

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeville

Given name added from a supplemental report

(26) Witness (Signature of Witness) when question 23 is answered

(27) Filed Oct 17 22 (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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MEDICAL COLUMBIA, COLUMBIA, S. C.