

(1) PLACE OF BIRTH

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Township of

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28273

Registered No.

(For use of Local Registrar)

Ward

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

(2) Full Name of Child

Isabelle Williams

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

2. BOY OR GIRL

Girl

3. TWIN OR TRIPLET

To be answered only in event of Twin or Triplet

4. NUMBER IN ORDER OF BIRTH

1

5. AGE PRESENT

yes

6. DATE OF BIRTH

Sept 16 1933

(Name of month) (Day) (Year)

7. FATHER

B. J. Williams

8. PRESENT POSTOFFICE OF FATHER

Lake City, S.C.

9. COLOR OR RACE

Black

10. AGE AT LAST BIRTHDAY

40

(Years)

11. BIRTHPLACE

S.C.

12. OCCUPATION

Farmer

13. Number of children born to mother, including present birth

6

14. MOTHER

Attie Rice

15. PRESENT POSTOFFICE OF MOTHER

Lake City, S.C.

16. COLOR OR RACE

Black

17. AGE AT LAST BIRTHDAY

26

(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife

20. Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

9/18 1933

(27) 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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