

N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the RECORD OF CHILDREN WITH UNPAID TAXES OR BIRTHING. REGISTERED, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Colleton  
 Township of Glenn  
 or  
 Inc. Town of Cottageville  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**3814**

Registration District No. 14.05 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(2) Full Name of Child Kathie E. Williams (No. \_\_\_\_\_) (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME James Williams

(9) PRESENT POSTOFFICE OF FATHER Cottageville S.C.

(10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Janie Williams

(15) PRESENT POSTOFFICE OF MOTHER Cottageville

(16) COLOR OR RACE Col AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE \_\_\_\_\_

(19) OCCUPATION Domestic

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Janie Miles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cottageville S.C.

Given name added from a supplemental report \_\_\_\_\_

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

\_\_\_\_\_ 19 \_\_\_\_\_ (27) Filed \_\_\_\_\_ 19 \_\_\_\_\_ (28) \_\_\_\_\_ (29) \_\_\_\_\_

\*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.