

(1) PLACE OF BIRTH

County of ColletonTownship of GlennInc. Town of CottagevilleCity of Cottageville

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. 14.05Registered No.
(For use of Local Registrar)(2) Full Name of Child Kathie E. Williams (No. St.; Ward)
(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>22</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME James Williams

(9) PRESENT POSTOFFICE OF FATHER Cottageville SC

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

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jimie Williams

(15) PRESENT POSTOFFICE OF MOTHER Cottageville

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

(18) BIRTHPLACE SC

(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) Jane Miles(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cottageville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.

NOTE: IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE REGISTRATION DISTRICT, COLUMBIA, S. C.