

County of Barnes ST
Township of Buford Bridge
or
Inc. Town of Bolton Re
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

275

Registration District No. 4.01 Registered No. 3
(For use of Local Registrar)
(No. St.; Ward)
Institution, give name of same instead of street and number.)

(3) BOY
GIRL

(4) Twin
or Triplet?
To be an

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 1/1/22 19 22
(Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME Charles W. Williams

9) PRESENT POSTOFFICE OF FATHER *Burnhose P.D.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *27*

(12) BIRTHPLACE. *SC*

(13) OCCUPATION
Farmer

MOTHER

(14) NAME BEFORE MARRIAGE *Elvin Goodwin*

(15) PRESENT POSTOFFICE OF MOTHER *Bamber SC, R 72*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *16*

(15) BIRTHPLACE Le

(18) OCCUPATION
Housewife

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

(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 _____ at _____
on the date above stated. _____ at _____ P.M.

(23) (Signature) W. J. May MD

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

Given name added from a supplemental report.

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

(27) Filed Feb 22 10 22 (28) J. E. Bennett
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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