

## (1) PLACE OF BIRTH

County of Williams  
 Township of Williams  
 or  
 Inc. Town of.....  
 or  
 City of Williams

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32549

Registration District No. 42-ARegistered No. 123  
(For use of Local Registrar)

(No. 24 Spring St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joe Baxter Merrell If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Merrell  
 (9) PRESENT POSTOFFICE OF FATHER Spring  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Year)  
 (12) BIRTHPLACE Purcell, Va.  
 (13) OCCUPATION Iron Mill Work  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel W. Wabray  
 (15) PRESENT POSTOFFICE OF MOTHER Spring  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)  
 (18) BIRTHPLACE Lawrenceville, Ga.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. P. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williams

Given name added from a supplemental report

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

(27) Filed 10-10-22 (28) J. J. Garratt 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN. SEE 1 THIS OFFICE, No. 2, etc., in question 8.