

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Low
 Township of Westonville
 or
 Inc. Town of.....
 or
 City of.....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31066

Registration District No. 3003 Registered No. 75
 (For use of Local Registrar)

(2) Full Name of Child Mary Williams

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Williams
 (9) PRESENT POSTOFFICE OF FATHER Lowville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Lowville
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Williams
 (15) PRESENT POSTOFFICE OF MOTHER Lowville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Lowville
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lowville

Given name added from a supplemental report

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

(27) Filed Sept 20 1922 (28) W. Williams 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.