

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of 1st. Stephensor
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

Registration District No. 705

File No.—For State Registrar Only

6641

Registered No. 31
(For use of Local Registrar)(2) Full Name of Child Mary Eliza Williams

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

(3) BOY OR GIRL G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Mar. 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Williams(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Elise Pringle(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 43
(Years)(18) BIRTHPLACE Pineville(19) OCCUPATION Farmer-wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 noon on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edwin Pringle(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr. 1 22

(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.

NOT TO BE FILLED IN BY THE REGISTRAR. THIS IS A PUBLIC DOCUMENT. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT IT IS CORRECTLY FILLED IN. IN CASE OF A FIRST-BORN, NO. 1. THE OTHER, NO. 2. SEE INSTRUCTIONS.