

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

STATE OF SOUTH CAROLINA, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Lyndhurst
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4434

Registration District No. 3002

Registered No. 15
(For use of Local Registrar)

(No. 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 Mary Williams

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.
John Williams

(9) PRESENT POSTOFFICE OF FATHER

Elliot St.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Farmer

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

10

(21) Number of children of this mother now living, including present birth

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Carrie Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Elliot St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/10

1923

(28) J. F. Williams
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.