

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(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

31876

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

(2) Full Name of Child

Textile D. Williams

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 18, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Edward Allen

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Textile

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. Cornelius Sullivan

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Domestic

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born alive at 12 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mrs. Sarah Harriet Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

16-2-40
Martin B. Woodward, M.D.

Assistant State Registrar

(26) Witness

James R. Barratt
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

19

(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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—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 5.

RECEIVED AT COLUMBIA, S. C.