

(1) PLACE OF BIRTH

County of AllendaleTownship of Wichman

Inc. Town of

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 HealthRegistration District No. 4605

File No.—For State Registrar Only

2728

Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Daisy Williams If child is not yet named, make supplemental report as directed(3) SEX OR
GENDER Girl (4) Number in
order of birth 1 (5) Age
at birth 4 (6) DATE OF
BIRTH Feb 25 1920
(Name of Month) (Day) (Year)FATHER.
(7) FULL
NAME Alanza Williams
(8) PRESENT
RESIDENCE
OF FATHER Rt 2 Estill
(9) COLOR Caucasian (10) AGE AT LAST
BIRTHDAY 30
(11) BIRTHPLACE SC
(12) OCCUPATION Farmer
(13) Number of children born to
mother, including present birth 4MOTHER.
(14) NAME BEFORE
MARRIAGE Anne Williams
(15) PRESENT
RESIDENCE
OF MOTHER Estill Rt 2
(16) COLOR Caucasian (17) AGE AT LAST
BIRTHDAY 30
(18) BIRTHPLACE SC
(19) OCCUPATION Farmer
(20) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born alive
on the date above stated. (Name of Physician or Midwife) (Hour A. M. or P. M.)(22) (Signature) Dorothy Hutchins
(23) State whether Physician or Midwife (24) Address of Physician or MidwifeGiven name added from a supplement-
ed report
(25) Witness R. L. Hutchins
(Signature of Witness necessary only
when question 25 is signed by State
Registrar)
(26) Filed Feb 28 1920 (27) L. A. Rouse
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.