

MARGIN RESERVED FOR INDEXING.
WHITE PLAINS. WITH PAYING INB. THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND ENTER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN THE SPACES.

Form No. 1: Winnabow Slope

(1) PLACE OF BIRTH
County of Blaine
Township of Cherry
or
Inc. Town of County
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. 78515 For State Registrar Only

Registration District No. 200 Registered No. 17
(For use of Local Registrar)
St. _____ Ward _____

(2) Full Name of Child Korrie Maxine Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>March 21, 1926</u> (Name) (Month) (Day) (Year)
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FATHER:

(8) FULL NAME <u>James Forester</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Williams</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Clemson College</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton</u>
(10) COLOR OR RACE <u>N</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Piedmont</u>	(18) BIRTHPLACE <u>Anderson County</u>
(13) OCCUPATION <u>Butler</u>	(19) OCCUPATION <u>Bookkeeper</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife _____

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

(27) Filed 4/6 1926 (28) J. P. Haffner Local Registrar

Given name taken from a supplemental report _____

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 stillborns before the fifth month of pregnancy.