

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

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
 Township of Blythewood  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**36244**

Registration District No. 8800 Registered No. 122  
 (For use of Local Registrar)

City of ..... (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 .....

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 16 22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Tom Durham  
 (9) PRESENT POSTOFFICE OF FATHER Blythewood  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (12) BIRTHPLACE Richland  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lillian May Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Blythewood  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (18) BIRTHPLACE Richland  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 129 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 Midwife (25) Address of Physician or Midwife Blythewood SC

Given name added from a supplemental report

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

19 .....

(27) Filed Oct 20 1922 (28) Wm McLean 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.