

1. 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.

(1) PLACE OF BIRTH

County of Aiken
Township of Ans. Tier
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. 2678 — For State Registrar Only

Registration District No. 208 Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 20 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Grant Williams</u>	(14) NAME BEFORE MARRIAGE <u>Grace Mathis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Samaria S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Samaria S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Aiken Co</u>	(18) BIRTHPLACE <u>Aiken Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Earle S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 4/1 19 23 (28) J. C. Jones 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.