

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH INK, IN THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Thomson  
 Township of Mayesville  
 or Inc. Town of Mayesville  
 or City of Mayesville (No. 4102 Registration District No. 4102)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 Registered No. 4  
 (For use of Local Registrar)  
 St.; Ward  
 (2) Full Name of Child Rebecca Williams  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22 19 22  
 To be answered only in event of Twins or Triplets  
 (Name of Month) (Day) (Year)  
 FATHER.  
 (8) FULL NAME Thrace Williams (14) NAME BEFORE MARRIAGE Thrace Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Mayesville, SC (15) PRESENT POSTOFFICE OF MOTHER Mayesville, SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC  
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 (22) I hereby certify that I attended the birth of this child, who was born at 4 A.M.  
 on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Rebecca Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville  
 (Given name added from a supplemental report)  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 1 19 22 (28) Local Registrar Edw. J. ...  
 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.