

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
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

20625

Registration District No. 104 Registered No. 46
(For use of Local Registrar)

(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 Estella 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 July 1, 1922
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Moses Williams</u>		(14) NAME BEFORE MARRIAGE	<u>Sara Jane Thomas</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Abbeville SC R 7 D</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Abbeville SC R 7 D</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE	<u>Abbeville SC</u>		(18) BIRTHPLACE	<u>So La</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Farming</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Moses Williams (Born alive or stillborn), at 9 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Miller & Ann Childs
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Living Abbeville SC

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness J. E. Pressley
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 8, 1922 (28) J. E. Pressley 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.