

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.

CERTIFICATE OF BIRTH				No. for State Registrar Only	
STATE OF SOUTH CAROLINA				2706	
Bureau of Vital Statistics					
State Board of Health					
(1) PLACE OF BIRTH		County of <u>Albermarle</u>		Registration District No. <u>46</u>	
Township of <u>1</u>		or		Registered No. <u>20</u>	
Inc. Town of <u>1</u>		or		(For use of Local Registrar)	
City of <u>1</u>		(No. St.; Word)			
(If birth occurs in a hospital or other institution give name of same and street and number.)					
(2) Full Name of Child <u>Mary Estha Williams</u>				For child not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex of Parent <u>Male</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) NAME OF FATHER <u>Samuel Williams</u>			(10) NAME OF MOTHER <u>Lena Johnson</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Albermarle SC</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Albermarle</u>		
(12) COLOR OF FATHER <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(14) COLOR OF MOTHER <u>Negro</u>			
(15) BIRTHPLACE <u>SC</u>	(16) AGE AT LAST BIRTHDAY <u>30</u> (Year)				
(17) OCCUPATION <u>Oil Mill labor</u>			(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>8</u>			(20) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(21) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> on the date above stated.					
(22) (Signature) <u>George W. Coody</u>			(23) Address of Physician or Midwife <u>Albermarle</u>		
(24) State whether Physician or Midwife			(25) Address of Physician or Midwife		
Given name added from a supplemental report <u>1</u>			(26) Witness (Signature of Witness necessary only when question 21 is signed by parent) <u>J. H. Boyd</u>		
19 <u>23</u>			(27) Date <u>Feb 28 1923</u> (28) <u>J. H. Boyd</u> Registrar		

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