

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 Laurens
Township of Souffletown
OR
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35266

Registration District No. 2905 Registered No. 44
(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 Letha Lois 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 13, 1922
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ezzie Williams
(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Clinton, S.C.
(13) OCCUPATION Farming
(22) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Letha Johnson
(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Clinton, S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Ada Byrd (25) Address of Physician or Midwife Clinton, S.C.
(26) State whether Physician or Midwife midwife

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 16, 1922 (29) F. L. Dorman 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.