

MARGIN RESERVE: ED FOR BINDING.
 WRITE PLAINLY WITH AN INKING PEN—THIS IS A PERMANENT RECORD.
 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 3.

(1) PLACE OF BIRTH

County of Louise
 Township of ...
 OF
 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
4415

Registration District No. ... Registered No. ...
 (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 Jessie Williams If child is not yet named, make supplemental report as directed

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

FATHER.
 8. FULL NAME Frank Williams
 9. PRESENT POSTOFFICE OF FATHER Louise, S.C. 21
 10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY ... (Years)
 12. BIRTHPLACE near Myrtleville, S.C.
 13. OCCUPATION farmer
 20. Number of children born to mother, including present birth six

MOTHER.
 14. NAME BEFORE MARRIAGE Hillie Williams
 15. PRESENT POSTOFFICE OF MOTHER Louise, S.C. 21
 16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY ... (Years)
 18. BIRTHPLACE near Louise, S.C.
 19. OCCUPATION domestic
 21. Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed) [Signature]
 (27) Filed ... 19 ... (28) Local Registrar [Signature]

*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.

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