

Form No. 1

(1) PLACE OF BIRTH

County of Murphy
Township of Red Bluff
OR
Inc. Town of McCase
OR
City of McCase

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18400

Registration District No. 3305 Registered No. 92
(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 Annis Francis Williams (If child is not yet named, make supplemental report as directed)

1. Sex Male 2. Type or Triplet To be answered only in event of Twins or Triplets 3. Number in order of birth 1st 4. Age 29 5. Date of Birth June 29 23
(Sex) (Type of Birth) (Date of Birth) (Month) (Day) (Year)

FATHER
6. Full Name Sam Franklin Williams
7. Present Postoffice of Father McCase S.C.
8. Color or Race White
9. Birthplace Richmond Co N.C.
10. Occupation Cotton Mill work
11. Number of children born to mother, including present birth 8

MOTHER
12. Name Mary Maud Bass
13. Present Postoffice of Mother McCase S.C.
14. Color or Race White
15. Birthplace Lumberton N.C.
16. Occupation Domestic
17. 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 alive at 7:05 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Douglas Hamer
(24) State Physician or Midwife (25) Address of Physician or Midwife Physician McCase S.C.

Given name added from a supplemental report
D. Parly
D. P. 19 23
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
J. H. Weathers
(27) Filed June 29 23 (28) 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.