

WANTS PLAINLY, WITH TRIPLOIN USE—THIS IS A PIONEERING METHOD
IN SUCH CASES OF TUBES OR TUBES AND A COMPARATIVE METHOD FOR SUCH CASES
FIRST—GIVE 1/4 1. THE OTHER, NO. 2, ETC., IN CITIES 2.

(1) PLACE OF BIRTH

County of Shackelford
Township of James
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

217

Registration District No. 204

Registered No. 0
(For use of Local Registrar)

City of (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 Taynelle Williams

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Jun 29 72</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE *Janice Marie Paul*

(15) PRESENT POSTOFFICE OF MOTHER *La*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *Thibodaux*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 7 M.,
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Jessie K. Raymon
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

(28) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Feb 4 1922 (28) S. M. Mc. W.
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.