

(1) PLACE OF BIRTH

County of *Maryland*
 Township of *Mt. Airy*
 or
 Inc. Town of
 or
 City of *Seller*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7789

Registration District No. *2204* Registered No. *23*
 (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 *David Williams* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *Aug 10 1903*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed *Mar 10 1904*(28) *Carrie H. San*
 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.