

## (1) PLACE OF BIRTH

County of

Township of

or  
Loc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

11789

Registration District No. 2900

Registered No. 22

(For use of Local Registrar)

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## (2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 4, 1913

(Take account only in case of Twins or Triplets)

(State of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Perry Williams

(14) NAME BEFORE MARRIAGE

Ophelia Garrett

(9) PRESENT POSTOFFICE OF FATHER

Gray Court, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Gray Court, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

48

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

4

(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 \_\_\_\_\_, as \_\_\_\_\_, at \_\_\_\_\_, 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

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Place \_\_\_\_\_

W. C. Mahan

Registrar

Local Registrar

The bearer of this certificate, physician or midwife, or parent, should make this return if a child breathes even once, or is born alive or stillborn. No report is desired of stillbirths before the 10th month of pregnancy.

Before the 10th month of pregnancy