

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

35967

County of Orangeburg STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Lincolnton State Board of Health

Inc. Town of Registration District No. 2611 Registered No. 69
 or (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 Lucile Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1922
 (Name of Month) (Day) (Year)

FATHER MOTHER.
 (8) FULL NAME Augustus Williams (10) NAME BEFORE MARRIAGE Annies Miller
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg (11) PRESENT POSTOFFICE OF MOTHER Orangeburg
 (12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 31 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 27
 (16) BIRTHPLACE Orangeburg Co (17) BIRTHPLACE Orangeburg Co
 (18) OCCUPATION Farmer (19) OCCUPATION House Wife
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 1:30
 on the date above stated.

(23) (Signature) Mahala Green
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. W. Miller
 (27) Filed 10/15/22 (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.

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