

WRITE PLAINLY. WITH FADING INK—THIS IS A PERMANENT RECORD.
 B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.

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

File No.—For State Registrar Only
 17092

(1) PLACE OF BIRTH
 County of Georgetown
 Township of 3
 Inc. Town of 3
 City of 3 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2112 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Arthur May 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) DATE OF BIRTH June 23 1923
 To be answered only in case of Twins or Triplets (If born at home) (If born in hospital) (If born in institution)

FATHER. MOTHER.

(8) FULL NAME Charles William (14) NAME BEFORE MARRIAGE Amie Williams
 (9) PRESENT POSTOFFICE OF FATHER Georgetown (15) PRESENT POSTOFFICE OF MOTHER Georgetown
 (10) COLOR OR RACE white (16) COLOR OR RACE Col
 (11) AGE AT LAST BIRTHDAY 44 (17) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S. C. (18) BIRTHPLACE Georgetown
 (13) OCCUPATION Laborer (19) OCCUPATION House Wife
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was living at 40 M.,
 on the date above stated. (Born alive—stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur May Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
My 23 26 (27) Filed My 23 26 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.