

## (1) PLACE OF BIRTH

County of Pickens  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Pickens (No. .... St. .... Ward ....)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2203

Registration District No. 3706 Registered No. 12  
 (For use of Local Registrar)

(2) Full Name of Child William Donald Christopher  
 (If birth occurs in a hospital or other institution, give name of same instead of name and number.)  
 (Supplemental report as directed)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 17, 22</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>William Donald Christopher</u>			14) NAME BEFORE MARRIAGE <u>Emily Bright</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Pickens S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Pickens S.C.</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
12) BIRTHPLACE <u>Pickens Co</u>			18) BIRTHPLACE <u>Northumberland Pa</u>	
13) OCCUPATION <u>Merchant</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Pickens S.C. on the date above stated.  
 (23) (Signature) J. D. Williams  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (19) (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.

1. B.—In case of TWINE OR TRIPLETS, give name of each child, and mark the first-born. No. 2, etc., in question 5.

2. B.—In case of TWINE OR TRIPLETS, give name of each child, and mark the first-born. No. 2, etc., in question 5.