

(1) PLACE OF BIRTH

County of Greenville.....

Township of

or
Inc. Town of.....or
City of Greenville.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register
28440Registration District No. 22aRegistered No. 453
(For use of Local Registrar)(No. 116 Echol.....St.;Ward)(2) Full Name of Child Robert Williams

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

(1) SEX OR CHILD <u>girl</u>	(2) Type or Infant <u>To be entered only in event of Twin or Triplet</u>	(3) Number in order of birth	(4) Age at birth <u>Yes</u>	(5) DATE OF BIRTH <u>Sept. 7th, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Oscar Williams(7) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 30 (Year)(10) BIRTHPLACE Abbeville, S. C.(11) OCCUPATION Farming(12) Number of children born to mother, including present birth 5

MOTHER.

(13) NAME BEFORE MARRIAGE Carrie Martin(14) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 25 (Year)(17) BIRTHPLACE Pickens Co. S. C.(18) OCCUPATION Housekeeping(19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Roxie Harper(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife 517 Oscar St.

Given name added from a supplemental report

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

(25) Filed Sept. 11, 23 (26) C. E. Smith 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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