

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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4215	
Township of <u># 8</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Andrews S.C.</u>		Registration District No. <u>7-103</u>		Registered No. <u>23</u>	
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 <u>Rosebelle Williams</u>				(If child is not yet named, make supplemental report as directed)	
(3) SEX OF GIRL? <u>Female</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 22, 1922</u>	
(Name of Month (Day) (Year))					
FATHER.			MOTHER.		
(8) FULL NAME <u>Jefferson William</u>			(14) NAME BEFORE MARRIAGE <u>Luna Gentry</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Andrews S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Georgetown Cong S.C.</u>			(18) BIRTHPLACE <u>Clarendon Cong S.C.</u>		
(13) OCCUPATION <u>Farmhand</u>			(19) OCCUPATION <u>Farmhand</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Dozier Medsker</u>					
(24) State whether Physician or midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Andrews S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
18 Registrar			(27) Filed <u>Feb. 28, 1922</u> (28) <u>R. W. Bailey</u> 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.