

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4033

Registration District No.

2209

Registered No.

52

(For use of Local Registrar)

Ward

(2) Full Name of Child

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 21-23

(Name of Month) (Day) (Year)

(8) FULL NAME

J. D. Williams

FATHER

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Teacher

(14) Number of children born to mother, including present birth

1

(14) NAME BEFORE MARRIAGE

Chloe Stewart

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

(19) OCCUPATION

Domestic

(20) 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, live or stillborn, at 2 M., on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville 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

1923

(28) Local Registrar

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.

FILED—BUREAU OF VITAL STATISTICS