

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

Registration District B. 8. 2. 2

File No. — For State Registrar Only

36298

Registered No. 246

(For use of Local Registrar)

(2) Full Name of Child

Charley Williams

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

09 27 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Nathaniel Williams

(9) PRESENT POSTOFFICE OF FATHER

Easton S C

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Easton S C

(13) OCCUPATION

Farmer

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

4 sons

MOTHER.

(14) NAME BEFORE MARRIAGE

Catherine Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Easton S C

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Easton S C

(19) OCCUPATION

house keeping

(21) Number of children of this mother now living, including present birth

4 sons

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:00 a.m. on the date above stated.(23) (Signature) Catherine Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 19122

(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.

Form No. 1 THE OTHER, No. 2, etc., in question 5. BEACON OF COLUMBIA, COLUMBIA, S. C.