Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
336

(1) PLACE OF BIRTH

County of Beaufort
Township of Hiltonhead
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 602
Registered No. 2
(For use of Local Registrar)
St.
Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child John Williams

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		4	No	Jan. 18, 19 22

FATHER.

(8) FULL NAME: Unknown

(9) PRESENT POSTOFFICE OF FATHER:

(10) COLOR OR RACE:

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE:

(13) OCCUPATION:

MOTHER.

(14) NAME BEFORE MARRIAGE: Florence Williams

(15) PRESENT POSTOFFICE OF MOTHER: Hiltonhead, S. C.

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY (Years): 28

(18) BIRTHPLACE: S. C.

(19) OCCUPATION: Farm Laborer

(20) Number of children born to mother, including present birth: 4

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Susan x Williams
her mark
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Hiltonhead, S. C.

Given name added from a supplemental report ..... 19 .....
Registrar

(26) Witness: W. D. Brown
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 20 19 22 (28) W. D. Brown
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.

In case of twins or triplets, the order of birth must be stated, and a separate certificate filed for each. If the child was born dead, write "Stillborn" in the space for name.

Bureau of Vital Statistics, State Board of Health, Columbia, S. C.