

(1) PLACE OF BIRTH.

County of Orangeburg
 Township of P. Roundtree
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only
19742

Registration District No. 3614 Registered No. 71
 (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 Neeno Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? married (7) DATE OF BIRTH June 9, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cass William
 (9) PRESENT POSTOFFICE OF FATHER Vance S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Ann Smith
 (15) PRESENT POSTOFFICE OF MOTHER Vance S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION House-Wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ellie Williams
 (24) State whether Physician or Midwife midwife (25) Address of Physic or Midwife Vance S.C.

Given name added from a supplemental report

(26) Witness Cass Williams
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Local Registrar D. H. Parker

*When there is no attending physician or midwife, the head of the household, etc., should make this return. If a child is born dead, a report is desired of stillbirths.