

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and must be
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 garden 1.

(1) PLACE OF BIRTH

County of *Abbeville*
Township of *Magnum*
or
Inc. Town of.....
or
City of.....

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

No. *80706*

Registration District No. *109* Registered No. *104*
(For use of Local Registrar)

(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 *Rossie Williams* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1st* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Oct 14 1923*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Jack Williams*
(9) PRESENT POSTOFFICE OF FATHER *Calhoun Falls, S.C.*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *25*
(12) BIRTHPLACE *Abbeville Co*
(13) OCCUPATION *Furnace*
(14) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Bessie Mitchell*
(15) PRESENT POSTOFFICE OF MOTHER *Calhoun Falls, S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *29*
(18) BIRTHPLACE *Abbeville Co*
(19) OCCUPATION *Domestic*
(20) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was *alive* at *10* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) *Paula Lewis*
(23) State whether Physician or Midwife *Midwife* (24) Address of Physician or Midwife *Calhoun Falls*

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed *Oct 20 1923* (27) *W. H. Moore* 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.