

WITH CAPACITIES FOR TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
 Township of Marion
 OR
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)
 (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
40856

Registration District No. 309 Registered No. 89
 (For use of Local Registrar)

(2) Full Name of Child Euby Williams (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 28, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Williams

(9) PRESENT POSTOFFICE OF FATHER Anderson R#8

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Harmon

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Smith

(15) PRESENT POSTOFFICE OF MOTHER Anderson R#8

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION House wife

(21) 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..... at 2:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. C. Mendenhall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19

Registrar

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

(27) Filed Jan 8, 1923 (28) R. P. Robinson 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.

....., etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.