

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 question 3.

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Norchester
Burris
Ridgewill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34156

Registration District No. 1700

Registered No. 879
(For use of Local Registrar)

(2) Full Name of Child

Salie Williams

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

(3) BIRTH
Girl

(4) Twin or Triplet?
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH
Sept 7 22
(Name of Month) (Day) (Year)

(8) FULL NAME

Thos Williams

(14) NAME BEFORE MARRIAGE

Henrietta Pedders

(9) PRESENT POSTOFFICE OF FATHER

Ridgewill

(15) PRESENT POSTOFFICE OF MOTHER

Ridgewill, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

S. C. Car.

(18) BIRTHPLACE

S. C. Car.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

10

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn)

5 A.M.
(Born A.M. or P.M.)

(23) (Signature)

Emma Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ridgewill

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered by mother)

(27) Date

Sept 22 22

(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.