

Form No. 1

## (1) PLACE OF BIRTH

County of LaurensTownship of Laurens

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

43321

Registration District No. 2905Registered No. 63

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 10 22</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY .....

(12) BIRTHPLACE (Years)

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Williams(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C. R2(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25

(18) BIRTHPLACE (Years)

(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Low Winford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Laurens, S.C. R2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1923 (28) R. J. Donnan Registrar

19 .....

\*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.