

County of Jefferson  
 Township of St. Louis  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

458

Registration District No. 731 Registered No. 17  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) **Full Name of Child** *Daisy Mae 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 *1*

6) Are Parents Married? *Yes*

7) DATE OF BIRTH *Feb 16 1973*

(Name of Month) (Day) (Year)

**FATHER.**

8. FULL NAME John Douglas Williams

PRESENT POST OFFICE OF FATHER

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *24*

12 BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth 12

**MOTHER**

(14) NAME BEFORE MARRIAGE *Kate E. Pitt*

(18) PRESENT POSTOFFICE OF MOTHER *Ernie Usuehira*

(16) COLOR OR RACE *(Handwritten: Black)* 17 AGE AT LAST BIRTHDAY *(Handwritten: 22)*

(10) BIRTHPLACE \_\_\_\_\_

(19) **OCCUPATION**

(21) Number of children of this mother now living, including present birth 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(23) I hereby certify that I attended the birth of this child, who was female at 2 M.  
on the date above stated. (Dead alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Kenny Williams  
(26) State whether Physician or Midwife Physician

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

Given name added from a supplementary report

(20) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark) 1

(U) ~~Page~~ **64** **25** **23** (U) *Mr. H. H. O. H.*

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.