

Form No. 1

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

913

File No.—For State Registrar Only

41437

Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child

Cornelia Williams

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Dec 15 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Aaron Williams

(9) PRESENT POSTOFFICE OF FATHER

Martin Point

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

18 (Years)

(12) BIRTHPLACE

Wad. Isl.

(13) OCCUPATION

Laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lindy Alston

(15) PRESENT POSTOFFICE OF MOTHER

Martin Point, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

16 (Years)

(18) BIRTHPLACE

Wad. Isl.

(19) OCCUPATION

Laborer

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Sue Mack

(25) Address of Physician or Midwife

Martin Point

Given name added from a supplemental report

Sue Mack

(26) Witness

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

(27) Filed

Jan 10 23

(28)

J. H. Wilson

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill, Columbia, S. C.