

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 5.

(1) PLACE OF BIRTH

County of Allendale
 Township of Bull Run
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20766

Registration District No. 403 Registered No. 37
 (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 Cornia 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? No (7) DATE OF BIRTH July 17, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Shirley Gregory</u>	(14) NAME BEFORE MARRIAGE <u>Ella Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Barton</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Barton</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Allendale Co S.C.</u>	(18) BIRTHPLACE <u>Allendale Co S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Common Laborer in Farm</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Till Simons (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barton S.C.

Given name added from a supplemental report

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

(27) Filed July 22, 1922 (28) J. R. Reese 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.

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