

(1) PLACE OF BIRTH

County of Calhoun
 Township of Campbell
 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

3312

Registration District No. 801 Registered No. 14
 (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 George Williams Jr. If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Boy 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 20, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME George Williams9. PRESENT POSTOFFICE OF FATHER St. Matthews10. COLOR OR RACE C Negro 11. AGE AT LAST BIRTHDAY 39 (Years)12. BIRTHPLACE S.C.13. OCCUPATION Farm hand14. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Blanche Robinson15. PRESENT POSTOFFICE OF MOTHER St. Matthews16. COLOR OR RACE C Negro 17. AGE AT LAST BIRTHDAY 34 (Years)18. BIRTHPLACE S.C.19. OCCUPATION Farm hand20. 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 Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Murphy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 26, 1923(28) R. H. Murphy

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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MARGIN RESERVE FOR BINDING.

Form 9-10

WHITES PLAINLY. WITH UNFAIRNESS IN THIS IS A PERMANENT RECORD. IN THE CASE OF TWIN OR TRIPLETS, THE NAME OF EACH CHILD AND MARK THE CHILD IN QUESTION 2. IN THIS COLUMN, No. 1 THIS COLUMN, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

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