

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 Inc. Town of Anderson
 City of Anderson

CERTIFICATE OF BIRTH

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

No. 12-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

80040

Registration District No. 303 Registered No. 128
 (For use of Local Registrar)

(2) Full Name of Child Bessie Williams

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

(3) SEX OF CHILD Female (4) Type of Child Is born at home (5) Number of Children 4 (6) Age of Child 4 (7) DATE OF BIRTH Oct. 12, 1920
 (Name of Month) (Day) (Year)

FATHER.

(8) NAME John Williams
 (9) PRESENT RESIDENCE OF FATHER Anderson, S.C.
 (10) COLOR Col. (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Bill Carter

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Davis
 (15) PRESENT RESIDENCE OF MOTHER Anderson S.C.
 (16) COLOR Col. (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Townsville S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present live 4

(21) Number of children of this mother now living, including present live 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living at 12 noon on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. D. Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name and date of supplemental report

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

(27) Signed 19 (28) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed 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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