

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 4Inc. Town of Andrews SC

or

City of Georgetown (No. 2103 St. 69 Ward 69)

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

(2) Full Name of Child Alice Susan Williams (If child is not yet named, make supplemental report as directed)

(3) SEX Female (4) Twin or Triplet? No (5) Number in order of birth 1st (6) DATE OF BIRTH Jan 3, 1922
 (7) AGE OF MOTHER 22 (8) DATE OF BIRTH Jan 3, 1922

FATHER.

(9) FULL NAME Edward William(10) PRESENT POSTOFFICE OF FATHER Andrews SC(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 39 (Years)(13) BIRTHPLACE Georgetown Co. S.C.(14) OCCUPATION Owner of S. & L. Store(15) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Rebecca Goland(17) PRESENT POSTOFFICE OF MOTHER Andrews SC(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 22 (Years)(20) BIRTHPLACE Georgetown Co. S.C.(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.(24) (Signature) Sally Williams(25) State whether Physician or Midwife Midwife(26) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

(27) Witness

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

(28) Filed Jan 10, 1922

(29) 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.