(1) PLACE OF BIRTH

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

County of _Beaufort_

Township of _Hilton Head_

or
Town of _Daufuskie_ Registration District No. _606_ Registered No. _6_
(For use of Local Registrar)

or
City of _Island_ (No. .... St.; .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

| (3) BOY OR GIRL? _Boy_ | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? _yes_ | (7) DATE OF BIRTH _April 24_ 19 _22_ |
| | | To be answered only in event of Twins or Triplets | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME _Richard William_

(9) PRESENT POSTOFFICE OF FATHER _Daufuskie Irl SC_

(10) COLOR OR RACE _negro_   (11) AGE AT LAST BIRTHDAY _36_ (Years)

(12) BIRTHPLACE _Daufuskie Irl_

(13) OCCUPATION _Farming_

(20) Number of children born to mother, including present birth _6_

MOTHER.

(14) NAME BEFORE MARRIAGE _Maggie Knight_

(15) PRESENT POSTOFFICE OF MOTHER _Daufuskie Irl_

(16) COLOR OR RACE _negro_   (17) AGE AT LAST BIRTHDAY _28_ (Years)

(18) BIRTHPLACE _Daufuskie Irl SC_

(19) OCCUPATION _Housewife_

(21) Number of children of this mother now living, including present birth _5_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _born alive_ at _9_ P. M.,
(Born alive or stillborn) (Hour) A. M. or P. M.
on the date above stated.

(23) (Signature) _Eliza X Murrell_
(24) State whether Physician or Midwife _midwife_   (25) Address of Physician or Midwife _Daufuskie Irl_

Given name added from a supplemental report   (26) Witness _Nancy Johnson_
(Signature of Witness necessary only when question 23 is signed by mark)

.... 19 ....   (27) Filed _May 1_ 19 _22_ (28) _J W White_
Registrar   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.