

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of # 3

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8986

Registration District No. 2122Registered No. 16

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

WILLIAMS

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

(3) BOY OR GIRL

Boy(4) Twin or Triplet? Twin(5) Number in order of birth 3rd

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 21 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

JOHN HENRY WILLIAMS

(9) PRESENT POSTOFFICE OF FATHER

Georgetown - S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE

Williamsburg Co - S.C.

(13) OCCUPATION

Clerk

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

OLIVIA MABEL LOWRIMORE

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown - S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE

Georgetown Co - S.C.

(19) OCCUPATION

Housekeeping

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm Gaillard - M. D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Georgetown - S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

19

(28)

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.