

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of 1st
 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
32603

Registration District No. 4301 Registered No. 1005
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Julius Williams
 (9) PRESENT POSTOFFICE OF FATHER Greelyville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Matie Singleton
 (15) PRESENT POSTOFFICE OF MOTHER Greelyville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) 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 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma White
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greelyville S.C.

Given name added from a supplemental report
, 19, Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)
 (27) Filed Sept 6 1922 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.