

## (1) PLACE OF BIRTH

County of YorkTownship of Bethesda

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

5510

Registration District No. 4401Registered No. 8

(For use of Local Registrar)

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

(2) Full Name of Child Andrew Williams

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Bessy Williams</u>	(14) NAME BEFORE MARRIAGE <u>Gessy Colorgu</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mt. Connellville St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt. Connellville St.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>about 26</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>York Co. S.C.</u>	(18) OCCUPATION <u>Farming</u>	(16) BIRTHPLACE <u>York St.</u>	(18) OCCUPATION <u>Farming &amp; House</u>
(19) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Sophia Thomas(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mt. Connellville St.

Given name added from a supplemental report

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

(27) Filed Feb 28 1923 (28) S. H. P. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.