

(1) PLACE OF BIRTH

County of *Albemarle*Township of *Mallett*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1*Registered No. *28951*
(For use of Local Registrar)

(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 *Jehoa Harmon Williams*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twins or Triplets

(5) Number in order of birth *1*(6) Are Parents Married *yes*(7) DATE OF BIRTH *July 15, 1923*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Williams*(9) PRESENT POSTOFFICE OF FATHER *Martins DC*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *SC*(13) OCCUPATION *Harmon Work*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lulu Jones*(15) PRESENT POSTOFFICE OF MOTHER *Martins DC*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *22*

(Years)

(18) BIRTHPLACE *SC*(19) OCCUPATION *House Work*(20) Number of children born to mother, including present birth *Three*(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *John* on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Josephine Jones*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Martins DC*

Given name added from a supplemental report

John H. Williams

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) *John H. Williams*

1923

(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.