

(1) PLACE OF BIRTH

County of *Bamberg Co.*Township of *S. Middle*or
Inc. Town of *Elkhart*
orCity of (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. *Samuel Williams* { 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 *10* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 9 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Henry Williams*(9) PRESENT POSTOFFICE OF FATHER *Elkhart*(10) COLOR OR RACE *black* (11) AGE AT LAST BIRTHDAY *44*
(Years)(12) BIRTHPLACE *Great Cypress Township*(13) OCCUPATION *farming*(14) Number of children born to mother, including present birth *10*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nettie Walker*(15) PRESENT POSTOFFICE OF MOTHER *Elkhart*(16) COLOR OR RACE *black* (17) AGE AT LAST BIRTHDAY *38*
(Years)(18) BIRTHPLACE *Great Cypress Township S.C.*(19) OCCUPATION *farming*(20) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive 7 P.M.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Pattie Kearse*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife *Elkhart S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 19 1922* (28) *W. A. Kinard*
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.