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(1) PLACE OF BIRTH

County of Orangeburg
 Township of Wickham
 OR
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)
 (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
 19762

Registration District No. 3616 Registered No. 39
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Williams</u>			(14) NAME BEFORE MARRIAGE <u>Georgia Moseley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cope SC R4D</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cope SC R4D</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
(12) BIRTHPLACE <u>Orangeburg W</u>			(18) BIRTHPLACE <u>Orangeburg W</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colored at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) No midwife help came

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(27) Date July 10 1922

(28) Local Registrar R. K. Beverly

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes, it is not to be reported as stillborn. No report is desired of stillbirths before the ninth month of pregnancy.