

## (1) PLACE OF BIRTH

County of EdgecombeTownship of Honover Park

Inc. Town of.....

City of.....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1.-For this Register  
2828Registration District No. 3-17 Registered No. 2-1  
(For use of Local Registrar)

## (2) Full Name of Child

Beatrice Elizabeth Williams

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>In hospital</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>30</u>	(7) DATE OF BIRTH <u>Feb 4 1928</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME William Thomas Williams(9) PRESENT RESIDENCE OF FATHER Honover Park SC(10) COLOR White (11) AGE AT LAST BIRTHDAY 32  
(Time)(12) BIRTHPLACE McDawson NC(13) OCCUPATION Mill work(14) NUMBER OF CHILDREN OF THIS MOTHER  
4

## MOTHER

(15) FULL NAME Beatrice Williams(16) PRESENT RESIDENCE OF MOTHER Honover Park SC(17) COLOR White (18) AGE AT LAST BIRTHDAY 32  
(Time)(19) BIRTHPLACE Anderson SC(20) OCCUPATION Dom(21) NUMBER OF CHILDREN OF THIS MOTHER  
4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 4/50 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H.D. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honover Park SC

Given name added from a subsequent report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Date Feb 28 1928 (28) Jennie Williams  
Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child is born even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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