

FORM NO. 1

(1) PLACE OF BIRTH

County of Adams

Township of Hamlet

Inc. Town of R. F. F.

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

37083

Registration District No. 204 Registration No. 160

(2) Full Name of Child Marie Williams

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

(3) SEX OF CHILD girl (4) TYPE OF BIRTH normal (5) NUMBER OF CHILDREN OF THIS MOTHER 1 (6) AGE OF MOTHER 25 (7) DATE OF BIRTH Oct 25

(8) FULL NAME OF FATHER Henry S. Williams (9) FULL NAME OF MOTHER Rebecca S. Williams  
(10) COLOR black (11) AGE AT LAST BIRTHDAY 25 (12) BIRTHPLACE Adams  
(13) OCCUPATION farming (14) COLOR black (15) AGE AT LAST BIRTHDAY 24 (16) BIRTHPLACE Adams  
(17) OCCUPATION farming (18) NUMBER OF CHILDREN OF THIS MOTHER 1 (19) NUMBER OF CHILDREN OF THIS FATHER 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 2:00 P.M. on the date above stated. (Born alive or unborn) (Hour A. M. or P. M.)

(21) (Signature) Rebecca S. Williams (22) Date when birth occurred Oct 25 (23) Address of Physician or Midwife Adams  
(24) (Signature) Rebecca S. Williams (25) (Signature) Rebecca S. Williams

(26) (Signature) Rebecca S. Williams (27) (Signature) Rebecca S. Williams

(28) (Signature) Rebecca S. Williams (29) (Signature) Rebecca S. Williams