

(1) PLACE OF BIRTH

County of *Char.*

Township of

Inc. Town of

City of *Char.*

(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

Registration District No. *9 A*

FILE - For this Report

34030

Registered No. *1000*

(For use of Local Registrar)

(2) Full Name of Child

Charles Williams

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

(3) SEX OF CHILD <i>MALE</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Nov 21 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Charlie Williams</i>			(14) NAME BEFORE MARRIAGE <i>Kathie Alston</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Char. S. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Char. S. C.</i>	
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Year)	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Year)	
(12) BIRTHPLACE <i>N. Y.</i>			(18) BIRTHPLACE <i>S. C.</i>	
(13) OCCUPATION <i>Mechanic</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at *6:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *George W. Richardson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
29 1/2 Maple St.

(If name added from a supplemental report)

(26) Witness *George W. Richardson*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12/1/23*(28) *12/1/23*

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Registrar

When there was no attending physician or midwife, then the father, household, 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.