

(1) PLACE OF BIRTH

County of Richland

Township of

In town of

City of Columbia

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

2) Full Name of Child

Sex B(4) Twin or triplet? yes(5) Number in order of birth 1(6) Are Parents Married? Y(7) DATE OF BIRTH Feb. 15 1923

(Name of Month) (Day) (Year)

FATHER.

NAME John WilliamsPRESENT POSTOFFICE OF FATHER North SC.AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE WyoOCCUPATION laborerNUMBER OF CHILDREN BORN TO FATHER INCLUDING PRESENT BIRTH 11

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Strong(15) PRESENT POSTOFFICE OF MOTHER North SC.(16) COLOR OR RACE Wyo(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Dumfries SC.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alma as 4:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed April 16, 1923(28) J. F. Stacey Health Registrar

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.