

(1) PLACE OF BIRTH

County of AndersonTownship of Martinor
Inc. Town ofor
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

28820

Registration District No. 3.0.9 Registered No. 7.0

(For use of Local Registrar)

(2) Full Name of Child Cate Williams (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Williams(9) PRESENT POSTOFFICE OF FATHER Anderson R48(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie P(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Mierord 12/20

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Carroll Mierord Bluff Springs

Given name added from a supplemental report

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

(27) Filed Oct 4 1922 (28) R. P. Robinson Local 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.

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