

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of .....

(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

21091

Registration District No. 22A

Registered No. 11111  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL M	(4) Twin or Triplet To be inserted only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married M	(7) DATE OF BIRTH July 28, 1923 (Name of Month) (Day) (Year)
FATHER J. J. Williams		MOTHER Mrs. Mary Jackson		
(8) FULL NAME J. J. Williams		(9) NAME BEFORE MARRIAGE Mrs. Mary Jackson		
(10) PRESENT RESIDENCE Greenwell S.C.		(11) PRESENT RESIDENCE Greenwell S.C.		
(12) COLOR OR RACE W.	(13) AGE AT LAST BIRTHDAY 23- (Year)	(14) COLOR OR RACE W.	(15) AGE AT LAST BIRTHDAY 23 (Year)	
(16) BIRTHPLACE Greenwell Co. S.C.		(17) BIRTHPLACE Greenwell Co. S.C.		
(18) OCCUPATION Lumber work		(19) OCCUPATION Lumber work		
(20) Number of children born to mother, including present birth 2		(21) Number of children of this mother now living, including present birth 2		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 4 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) H. M. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 27, 1923 (28) E. Smith  
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.

Colors the with month of pregnancy.