

Form No. 3

(1) PLACE OF BIRTH

County of Maryland
 Township of Heavens
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

43645

Registration District No. 3405 Registered No. 153
 (For use of Local Registrar)

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

(2) Full Name of Child Carlisle Williamson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Barney David Williamson
 (9) PRESENT POSTOFFICE OF FATHER Mullins R.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Maryland County, R.C.
 (13) OCCUPATION saw mill laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Jones
 (15) PRESENT POSTOFFICE OF MOTHER Mullins R.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Maryland County, R.C.
 (19) OCCUPATION house work
 (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 Barney David Williamson at 6:15 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins R.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 9 1923 (27) Filed Jan 9 1923 (28) H. M. McPherson 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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FORM OF COLUMBIA, COLUMBIA, S. C.