

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Registration District No. 915

File No.—For State Registrar Only

620

Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child

Moses Williams

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets

(8) Are Parents Married?

(7) DATE OF BIRTH Jan. 13, 1924  
(Name of Month) (Day) (Year)

## FATHER

(6) FULL NAME

Alfred Williams

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 19  
(Year)

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Carrie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 19  
(Year)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth

1 One

(21) Number of children of this mother now living, including present birth 1 One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Tom. alive at 3 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witnesses

(27) Filed

(28) Local Registrar

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed

(28) 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.

STATE PRINTING, WITH UNIFORMS IN USE BY A FARMER'S BROTHERHOOD. N. B.—In case of TWINNING, use a SEPARATE BLANK FOR EACH CHILD. PRINT-BORN, No. 1. THIS OTHER, No. 2. etc. in question 5. MEDICAL OF COLUMBIA, COLUMBIA, S. C.