

(1) PLACE OF BIRTH

County of Orangeburg
Township of Juba
OF
Inc. Town of
OF
(City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29740

Registration District No. 3619 Registered No. 44
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yo (7) DATE OF BIRTH: Sept 27, 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. Earl Williams
(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
(10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 42 (Year)
(12) BIRTHPLACE Orangeburg S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Earline Belinger
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
(16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 27 (Year)
(18) BIRTHPLACE Orangeburg S.C.
(19) OCCUPATION Law Work
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:20 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Williams
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-3-23 (28) W.H. Decker 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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