

## (1) PLACE OF BIRTH

County of Salisbury  
 Township of Hartsville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18326

In Town of ..... Registration District No. 150 Registered No. 52  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Annie Lou Estell Williams If child is not yet named, make supplemental report as directed

|   |   |  |  |   |
|---|---|--|--|---|
| (1) Sex<br><u>Female</u>  | (2) Twin or triplet?<br><u>No</u>                 | (3) Number in order of birth<br><u>1</u> | (4) Are Parents Married?<br><u>Yes</u>   | (5) DATE OF BIRTH<br><u>June 2 1922</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |  | MOTHER.  |   |
| (11) NAME<br><u>James Williams</u>  |   |  | (14) NAME BEFORE MARRIAGE<br><u>Eddie Grace Fleming</u>                                |   |
| (12) PRESENT POSTOFFICE OF FATHER<br><u>Hartsville, S.C.</u>                |   |  | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Hartsville, S.C.</u>                           |   |
| (13) COLOR OR RACE<br><u>Negro</u>  | (16) AGE AT LAST BIRTHDAY<br><u>23</u><br>(Years) | (17) COLOR OR RACE<br><u>Negro</u>       | (18) AGE AT LAST BIRTHDAY<br><u>22</u><br>(Years)                                      |   |
| (19) BIRTHPLACE<br><u>Sumter, S.C.</u>                                      |   |  | (20) BIRTHPLACE<br><u>Charlotte, N.C.</u>  |   |
| (21) OCCUPATION<br><u>Farmer</u>  |   |  | (22) OCCUPATION<br><u>Housewife</u>  |   |
| (23) Number of children born to mother, including present birth<br><u>2</u> |   |  | (24) Number of children of this mother now living, including present birth<br><u>2</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(26) (Signature) G. E. Hawley  
 (27) State whether Physician or Midwife (28) Address of Physician or Midwife

Dr. J. Hartsville, S.C.

Given name added from a supplemental report

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

(30) Filed July 6 1922 (31) W. J. Maguire  
 Registrar 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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