

## (1) PLACE OF BIRTH

County of Marion  
 Township of Howell  
 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

19433

Registration District No. 3206 Registered No. 17

(For use of Local Registrar)

(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 Lucile Williams

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 22 19 33  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Leahy Williams  
 9) PRESENT POSTOFFICE OF FATHER Marion Rt. 4 P.C.

10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

12) BIRTHPLACE Marion Co P.C.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE May Bell Harris

(15) PRESENT POSTOFFICE OF MOTHER Marion Rt. 4 P.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Marion Rt. 4 P.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Blue Moan 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

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) File June 22 19 33 (28) J. M. Cantwright 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.