

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Spartanburg.....

(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

File No.—For State Registrar Only

23798

Registration District No. 40-0..... Registered No. 303.....
(For use of Local Registrar)

(2) Full Name of Child Caroline Madeline Williams..... child is not yet named, make supplemental report as directed

(3) ~~Boy~~ **GIRL** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James M. Williams
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Electrician
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Porcher Lander
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House
(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 born alive.....at 9.9.....M.,
on the date above stated. (Born alive or stillborn) (Hour—A. M. or P. M.)

(23) (Signature) W. W. Boyd (24) State whether Physician or ~~midwife~~ midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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

(27) Filed 8-1-1922..... Jas. Copes.....
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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