

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88703

Township of

or
Inc. Town of

City of

Charleston
Charleston
Charleston

Registration District No.

Registered No.

(For use of Local Registrar)

(No. Reversed Inf St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Arthur Williams

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 11

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. L. Williams

(9) PRESENT POSTOFFICE OF FATHER 99 Hugers Charleston SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Machinist

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Aldret

(15) PRESENT POSTOFFICE OF MOTHER 99 Hugers Charleston SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION —

(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 9:45 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ruby Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 26 Meeting

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 17/12/16 191.....

(28) J. Marcus Green M.D. 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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