

N. C. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Union

Township of Union

or Inc. Town of .....

City of Union

(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

20371

Registration District No. 42-A Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child James Bennett Williamson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18, 1922  
(State of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME C. Bennett Williamson

(14) NAME BEFORE MARRIAGE Annie Sanford

(9) PRESENT POSTOFFICE OF FATHER Union S.C. R.F.D. #3

(15) PRESENT POSTOFFICE OF MOTHER Union S.C. R.F.D. #3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Haywood Co. N.C.

(18) BIRTHPLACE Haywood Co. N.C.

(13) OCCUPATION Cotton Mill Operator

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { one }

(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Salley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. Union 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 7-10-22 (28) D. G. Jarrett 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 fourth month of pregnancy.

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