

PLACE OF BIRTH
County of Camden
City of St. Johns
or
Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Form - For this purpose
24040

Registration District No. 1809 Registered No. 43
(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 Yous Williams (If child is not yet named, make supplemental report as directed)

(1) SEX Male (4) Type or Type of ... (5) Number in order of birth ... (6) Age ... (7) DATE Aug 22 1923
(Month) (Day) (Year)

(8) FATHER Ed Dingle
(9) FATHER'S OCCUPATION Farmer
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Camden
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth One

(15) MOTHER Leta Williams
(16) MOTHER'S OCCUPATION ...
(17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY 17 (Year)
(19) BIRTHPLACE Camden
(20) OCCUPATION Child
(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 Lucy at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy
(24) State ... Physician or Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report
.....
19

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)
(27) Filed Sept 1 1923 (28) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is necessary if a child breathes even once. It must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.