

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of CharlottesvilleInc. Town of CharlottesvilleCity of Charlottesville

(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

No. 5526

5526

Registration District No. 4444 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Robt. D. Williams

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age at birth <u>10 2 3</u>	(7) DATE OF BIRTH <u>Feb 2 1903</u>
(8) FATHER			(9) MOTHER	
(10) FULL NAME <u>Wm. T. Williams</u>			(11) NAME BEFORE MARRIAGE <u>Edith Williams</u>	
(12) PRESENT POST-OFFICE OF FATHER <u>Charlottesville</u>			(13) PRESENT POST-OFFICE OF MOTHER <u>Charlottesville</u>	
(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>	
(18) BIRTHPLACE <u>S</u>			(19) BIRTHPLACE <u>Charlottesville</u>	
(20) OCCUPATION <u>Teacher</u>			(21) OCCUPATION <u>Teacher</u>	
(22) Number of children born to mother, including present birth <u>13</u>			(23) Number of children of this mother now living, including present birth <u>13</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Near A. M. or P. M.) on the date above stated.(25) (Signature) Dr. J. M. Williams(26) State whether Physician or Midwife Physician(27) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(29) Filed 3/5/23 (30) 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.