

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

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 Inc. Town of Williamston

Registration District No. 3-C Registered No. 146
 (For use of Local Registrar)

City of Williamston (No. 146 St. 146 Ward 146)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oscar Earl Land If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Yes (5) DATE OF BIRTH Nov. 5 - 1923
 (6) Yes (7) Yes (8) Yes

FATHER.
 (9) FULL NAME John Land
 (10) PRESENT RESIDENCE OF FATHER Williamston S.C.
 (11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 31 (Year)
 (13) BIRTHPLACE Williamston S.C.
 (14) OCCUPATION Mill worker
 (15) Number of children born to mother, including present birth 5

MOTHER.
 (16) NAME BEFORE MARRIAGE Leila Browning
 (17) PRESENT RESIDENCE OF MOTHER Williamston S.C.
 (18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 29 (Year)
 (20) BIRTHPLACE Gastonia S.C.
 (21) OCCUPATION Housewife
 (22) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Month, A. M. or P. M.)
 on the date above stated. (Signature) Albert W. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) 11-11-23 (28) Ellen Russell

When there was no attending physician or midwife, then the father, householder, etc., should sign this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.