

THIS IS A PERMANENT RECORD.  
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 2.

MOORE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Allendale</u>		STATE OF SOUTH CAROLINA		28609	
Township of <u>11</u>		Bureau of Vital Statistics		Registered No. <u>107</u>	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of <u>11</u>		Registration District No. <u>46</u>		Ward <u>107</u>	
or		(No. <u>107</u> Str. <u>107</u> )		(For use of Local Registrar)	
City of <u>11</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Supplemental report as directed	
(2) Full Name of Child <u>Benjamin Franklin Williams</u>					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 20, 1922</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Mr. Kinley Williams</u>			(14) NAME BEFORE MARRIAGE <u>Hannah Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Seiglinville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seiglinville SC</u>		
(10) COLOR OR RACE <u>negro</u>			(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(16) COLOR OR RACE <u>SC</u>		
(13) OCCUPATION <u>Farm Labourer</u>			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. J. G. Hylton</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Mark, Allendale SC</u>					
Given name added from a supplemental report					
(26) Witness <u>F. H. Boyd</u>					
(27) Filled <u>Sept 29, 1922</u> (28) <u>F. H. Boyd</u> 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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