

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 1.

(1) PLACE OF BIRTH

County of Anderson
Township of Bridgetown
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

5811

Registration District No. S.P. 2 Registered No. 14
(For use of Local Registrar)

(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 James J. Williams If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Williams
(9) PRESENT POSTOFFICE OF FATHER Cody SC #4
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 52 (Year)
(12) BIRTHPLACE Chester SC
(13) OCCUPATION Black Smith
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Estley Hudson
(15) PRESENT POSTOFFICE OF MOTHER Cody SC #4
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)
(18) BIRTHPLACE Greenville SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Williams
(24) State whether Physician or Midwife 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) Filed Mar 27, 1923 (28) J. R. Williams 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.