

(1) PLACE OF BIRTH

County of YorkTownship of Head River

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4402

File No.—For State Registrar Only

16270

Registered No. 28
(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 Miss Abraham Williams(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 5 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Miss Abraham Williams(9) PRESENT POSTOFFICE OF FATHER Spynner 38(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE York(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Blanche Hope(15) PRESENT POSTOFFICE OF MOTHER Spynner 38(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE York(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) B. D. Miller(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed 5/12 19 23(28) Local Registrar Clifford

*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.