

PLACE OF BIRTH

County of Darlington
 Township of

CERTIFICATE OF BIRTH

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

File No.—for State Registry Only
17329

or
 Town of Registration District No. 12A Registered No. 46
 or
 City of Darlington (No. 611 W. Broad St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME <u>Paul Walter Williams</u>			(14) NAME BEFORE MARRIAGE <u>Annie Fannie Gardner</u>	
PRESENT POSTOFFICE OF FATHER <u>Darlington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington S.C.</u>	
COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>North Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
OCCUPATION <u>Machine Foreman - A.C.L.</u>			(19) OCCUPATION <u>Housewife</u>	
Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 10 30 P.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darlington S.C.

For name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)
[Signature]

(27) File July 1 1923 (28) [Signature] Local Registrar

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

Before the fifth month of pregnancy.