

Form No. 3

## (1) PLACE OF BIRTH

County of MaverickTownship of Sellersor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cerna Williams

File No. for State Registrar Only

11274

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3204 Registered No. 24

(For use of Local Registrar)

(No. 3204 St. 3204 Ward 3204)(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Y (6) DATE OF BIRTH Jan 24 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo Williams

(9) PRESENT POSTOFFICE OF FATHER Sellers SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Maverick Co

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minie Anderson

(15) PRESENT POSTOFFICE OF MOTHER Sellers SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE Lee County SC

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 M., on the date above stated. (Hour, A. M. or P. M.)(23) (Signature) J. J. Carpenter

(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) Filed 5/7 1923 (28) W. I. Rogers 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.