

Form No. 3

## (1) PLACE OF BIRTH

County of WayneTownship of Sellersor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3204

File No. for State Registrar Only

11274

Registered No. 24  
(For use of Local Registrar)(No. 3204 St. 24 Ward)

(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 (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 24 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Geo Williams</u>	(14) NAME BEFORE MARRIAGE <u>Winnie Anderson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sellers</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sellers</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>Wayne Co</u>	(18) BIRTHPLACE <u>Lee County S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:45 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Carpenter (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wayne Co. S.C.

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.