

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of One Mile

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30339

Registration District N.E. 4 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child Harold Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12-3</u> <small>(Month of Birth) (Day) (Year)</small>
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FATHER

(8) FULL NAME Wesley Williams

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farming

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

MOTHER

(14) NAME BEFORE MARRIAGE Jesse Lusk

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Spec. Receipt Base

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

(23) (Signature) Wesley Williams at 6 A. M.
(24) State whether Physician or Midwife Physician (Date of Birth) (Time A. M. or P. M.)
Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness
(26) (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/14 1950 (28) Geo. V. Bradley 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.