

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

41021

County of YorkTownship of Green Sea

or

Inc. Town of

or

City of

Registration District No. 2576Registered No. 110
(For use of Local Registrar)

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

(2) Full Name of Child

Sam Perry Williams(7) SEX OR By (8) Type 210 (9) Number in 23 (10) DATE OF Dec 18 1923
BIRTH (Name of Month) (Day) (Year)

FATHER.

(11) FULL NAME John Roland Williams(12) PRESENT POSTOFFICE OF FATHER Green Sea, S.C.(13) COLOR OR RACE Colored (14) AGE AT LAST BIRTHDAY 32 (Year)(15) BIRTHPLACE Harry Camp, S.C.(16) OCCUPATION Hammerman

MOTHER.

(17) NAME BEFORE MARRIAGE Miss Melvin(18) PRESENT POSTOFFICE OF MOTHER Green Sea, S.C.(19) COLOR OR RACE Colored (20) AGE AT LAST BIRTHDAY 22 (Year)(21) BIRTHPLACE Harry Camp, S.C.(22) OCCUPATION House & field work(23) Number of children born to mother, including present birth 8(24) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child born at 6 a.m. on the date above stated. (Stillborn or stillborn) (Hour A. M. or P. M.)(26) (Signature) Philis Melvin(27) State whether married or single married(28) Address of Physician or Midwife Green Sea

Given name added from a supplemental report

(29) Witness Robert B. Williams

(30) (Signature of Witness necessary only when question 25 is signed for stillborn)

(31) Filed Dec 22 1923 (32) 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 stillborns before the fifth month of pregnancy.