

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No. For State Registrar's Use

5457-2

Name of **WILLIAMSON**Family of **JOHNSON**

Town of

County of **Hemingway S.C.** (No. _____ St. _____ Ward _____)

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

FULL NAME OF CHILD **Doris Baxley**

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

BOY OR GIRL
GIRL

4. Twin or triplet?

5. Number in order of birth **300**6. Are parents married? **yes**

7. DATE OF BIRTH

Feb. 1924, 1924

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

FULL NAME **Jessie J. Baxley**14. NAME BEFORE MARRIAGE **Miss Ed Powell**PRESENT POSTOFFICE OF FATHER **Hemingway S.C.**15. PRESENT POSTOFFICE OF MOTHER **Hemingway S.C.**COLOR OR RACE **white** 11. AGE AT LAST BIRTHDAY **41** (Years)16. COLOR OR RACE **white** 17. AGE AT LAST BIRTHDAY **30** (Years)BIRTHPLACE **Hemingway S.C.**18. BIRTHPLACE **Hemingway S.C.**OCCUPATION **FARMER**19. OCCUPATION **Housewife.**Number of children born to mother, including present birth **220**21. Number of children of this mother now living, including present birth **220**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** **2:14 P.M.** on the date above stated. **Mollie Gillard - died Dec. 2nd, 1924** (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature **Mollie Gillard**

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Give name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed

19

28

Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the 6th month of pregnancy. If child breathes even once, it must not be reported as stillborn.