

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Hamm  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**16723**

Registration District No. 218 Registered No. 8-2  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Horothy William 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 June 12, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie William  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont St #2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3 (Year)  
 (12) BIRTHPLACE SC

(13) OCCUPATION Farm  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Early  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont St #2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)  
 (18) BIRTHPLACE SC

(19) OCCUPATION housewife  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mollie Owens

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Piedmont St

Given name added from a supplemental report

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

(26) Filed July 10, 1923 (27) Local Registrar N. L. Casey

\*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.