

(1) PLACE OF BIRTH

County of CharterTownship of Charter

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

Registration District No. 11.9.R. Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

Mozell Jones Williams If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Type or Trait no (5) Number in order of birth no (6) DATE OF BIRTH Jan 27, 23
(To be reported only in case of Twins or Triplets)

FATHER.		MOTHER.	
(1) FULL NAME <u>Silbert Williams</u>	(14) NAME BEFORE MARRIAGE <u>Fallie Jones</u>	(15) PRESENT RESIDENCE OF FATHER <u>Charter</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Charter</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(17) COLOR OR RACE <u>Col</u>	(18) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Charter County</u>	(13) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Charter, S.C.</u>	(20) OCCUPATION <u>Washing & Ironing</u>
(21) Number of children born to mother (including those now living)		(22) Number of children of this mother now living (including those now living)	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at P. M., on the date above stated. (Specify place or address) (Specify day, month, or year)

(24) (Signature) <u>Eliza K. Alexander</u>	(25) Address of Physician or Midwife <u>Charter, S.C.</u>
(26) (Signature) <u>Harold Todd</u>	(27) Address of Registrar <u>Charter, S.C.</u>
(28) Witness <u>John E. Luce</u>	(29) Date <u>2-2-23</u>

(30) If child is not yet named, make supplemental report as directed. (31) If child is not yet named, make supplemental report as directed. (32) If child is not yet named, make supplemental report as directed.