

## (1) PLACE OF BIRTH

County of Henry  
 Township of Bayboro  
 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

18996

Registration District No 2.5.62 Registered No. 24

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 27 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Walker Williams(9) PRESENT POSTOFFICE OF FATHER Gurley S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Marion Co., S.C.(13) OCCUPATION Methodist Minister(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Paul Elizabeth Lowmire(15) PRESENT POSTOFFICE OF MOTHER Gurley S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Marion Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alone at 245 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hugh Richardson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Loris S.C.

Given name added from a supplemental report

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

(27) Filed June 13 1922 (28) J. E. Hall 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.

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MOCAW OF COLUMBIA, COLUMBIA, S. C.  
 FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 5.