

(1) PLACE OF BIRTH

County of BarnwellTownship of Fireman

City 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. 512Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Emma Williams

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

(3) SEX OR ONLY Girl (4) Type or Triplet To be approved only in event of Triplet or Triplet (5) Number in order of birth 1 (6) Age Year (7) DATE OF BIRTH Feb 18 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doc H. Williams(9) PRESENT POSTOFFICE OF FATHER Edge, SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farm Hand(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Lara Smith(16) PRESENT POSTOFFICE OF MOTHER Edge SC(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 26
(Year)(19) BIRTHPLACE SC(20) OCCUPATION Conf. and Pic. Hand(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M.
on the date above stated. (Born at (Hour) (M. or P. M.))(23) (Signature) Harold H. Jackson(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness H. H. Jackson

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

(26) Filed Feb 23 1923 (27) (28)

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. It must be reported before the fifth month of pregnancy.