

(1) PLACE OF BIRTH

County of FairfieldTownship of F.

or

Inc. Town of Shelton S.C.

or

City of Shelton S.C.

(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

File No.—For State Registrar Only

4043

Registration District No. 1900Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Isreal Williams

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 2-3-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Williams

(9) PRESENT POSTOFFICE OF FATHER

Shelton S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

26
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Coleman

(15) PRESENT POSTOFFICE OF MOTHER

Shelton S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.
(Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Ida Meador

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Shelton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 519 22

(28)

Mrs C. V. Fancette
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.