

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

29144

Registration District No. Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child *Walter Williams*

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

(3) BOY OR GIRL *Male*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *No*

(7) DATE OF

BIRTH *Sept 5, 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robert Williams

(9) PRESENT POSTOFFICE OF FATHER

New Brooklyn

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

Lexington

(13) OCCUPATION

Farm hand

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Jane Harris

(15) PRESENT POSTOFFICE OF MOTHER

Gaston

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Lexington

(19) OCCUPATION

Field 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 alive* on the date above stated.

at *2 P.* M.,
(Hour A. M. or P. M.)

(23) (Signature)

Coulton Richerson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

B. E. Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 10, 1922

(28)

J. B. Bellinger
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.