

(1) PLACE OF BIRTH

County of _____

Township of _____

In Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

100271

Registration District No. 2 A

Registered No. 551

(For use of Local Registrar)

(No. 2 A 1. Community)

St. _____ Ward _____

(2) Full Name of Child: Charlie Williams

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

1. SEX MALE

2. Twin or Triplet _____

3. Number in order of birth _____

4. Are Parents Married? Yes5. DATE OF BIRTH April 15, 1922
(Specify Month) (Day) (Year)

FATHER

6. FULL NAME Charles Williams7. PRESENT POSTOFFICE OF FATHER Charleston S.C.8. COLOR OR RACE Black9. AGE AT LAST BIRTHDAY 35
(Years)10. BIRTHPLACE Blackndah W.V.11. OCCUPATION Laborer

MOTHER

12. NAME BEFORE MARRIAGE Kate Bryan13. PRESENT POSTOFFICE OF MOTHER Charleston S.C.14. COLOR OR RACE Black15. AGE AT LAST BIRTHDAY 32
(Years)16. BIRTHPLACE Charleston S.C.17. OCCUPATION Domestic18. Number of children of this mother now living including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated.
(Born alive or stillborn) Hour A.M. or P.M.)(23) (Signature) L. J. Green

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife 1100 Main St.

19. Name of child (from supplemental report) _____

(26) Witness Mrs. M. P. Green

(Signature of witness necessary only when question 23 is signed by parent)

(27) Date 4/18/22(28) Local Registrar E. M. Williams

(29) When there was no attending physician or midwife, then the father, householder, etc., should make this return. It is to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.