

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Red Bluff
 or
 Inc. Town of Tatum
 or
 City of SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

39419

Registration District No. 3305Registered No. 142
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child, Selvester Williams

(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 Nov 6, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brock Williams(9) PRESENT POSTOFFICE OF FATHER Tatum SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Tatum SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Corington(15) PRESENT POSTOFFICE OF MOTHER Tatum SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Tatum SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Domestic at 5 PM (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Hattie Thomas
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCall St

Given name added from a supplemental report

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

(27) Filed Nov 10, 22 (28) H. M. M. M. M. 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.

RECEIVED BY THE REGISTRAR, SOUTH CAROLINA, IN THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. THIS CERTIFICATE MUST BE FILED WITHIN TEN DAYS OF THE DATE OF BIRTH. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.