

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

40052

County of LUXEMBURGTownship of KOGOT

Inc. Town of

City of

Registration District No. 1705Registered No. 73
(For use of Local Registrar.)

(No. _____ St.; _____ Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child C. B. Williams Jr. Grant If child is not yet named, make supplemental report as directed(3) SEX OF CHILD
Male(4) Twin or Triplet? I(5) Number in order of birth 4(6) Are Parents Married? No(7) DATE OF BIRTH Dec 2nd 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME C. P. Williams Sr(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Printer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Lannie Grant(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Helper on Farm(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at _____ M., on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)(23) (Signature) Walter L. Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. C. Eberhardt

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

(27) Filed Dec 8 th 1923 (28) E. C. Eberhardt 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.

WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. SEE MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN QUESTION 1.