

## (1) PLACE OF BIRTH

County of MarlboroughTownship of Mechanicvilleor  
Inc. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14567

Registration District No. 1207 Registered No. 18

(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 Alvin Ann Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>May 2, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME David Williams(9) PRESENT POSTOFFICE OF FATHER Dossieville S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Team hand(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Richardson(15) PRESENT POSTOFFICE OF MOTHER Dossieville S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Col. home(21) 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 alive at 2 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rebecca M. Daniel(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Windsor, Marlborough Co.

Given name added from a supplemental report

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

(27) Filed June 8, 1922 (28) E. O. Early  
Registrar 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.