

(1) PLACE OF BIRTH

County of LexingtonTownship of Craigor
Inc. Town of

City of

(No. St. Ward)
(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

31158

Registration District No. 3105 Registered No. 95
(For use of Local Registrar)(2) Full Name of Child Lula Mae Williams If child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Alex Williams9) PRESENT POSTOFFICE OF FATHER Newbrookland10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)12) BIRTHPLACE Lexington Co.13) OCCUPATION Public Work20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Hall(15) PRESENT POSTOFFICE OF MOTHER Newbrookland(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION House work(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 born alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newbrookland

Given name added from a supplemental report

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

(27) Filed 9/28 1922 (28) J. C. L. Brown 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.

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THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.