

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 Inc. Town of Barnwell
 or
 City of _____

CERTIFICATE OF BIRTH

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

No. 9327

Registration District No. 501 Registered No. 10
 (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 Alberta Williams (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Type or Triple To be answered only in case of Twin or Triple (5) Number in order of birth 10 (6) Are Parents Married NO (7) DATE OF BIRTH Feb 27, 23
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lela Taylor Hawkerson</u>	(10) NAME BEFORE MARRIAGE <u>Ethel Williams</u>	(11) PRESENT RESIDENCE OF FATHER <u>Barnwell S.C.</u>	(12) PRESENT RESIDENCE OF MOTHER <u>Barnwell</u>
(13) COLOR <u>negro</u> (14) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(15) COLOR <u>negro</u> (16) AGE AT LAST BIRTHDAY <u>16</u> (Year)	(17) BIRTHPLACE <u>Barnwell S.C.</u>	(18) BIRTHPLACE <u>Barnwell S.C.</u>
(19) OCCUPATION <u>Farming</u>	(20) OCCUPATION <u>Field hand</u>	(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Sallie Myers (25) State whether, Physician or Midwife Midwife (26) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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

(28) Filed March 7, 23 (29) N. F. Kirkland Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WRITE "LAINLY, WITH UNFADING INK—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 1.