

(1) PLACE OF BIRTH

County of *Greenwood*Township of *Greenwood*Inc. Town of *Greenwood*City of *Greenwood*

(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's Use
4112Registration District No. *732*Registered No. *12*
(For use of Local Registrar)

(2) Full Name of Child

Harriet Williams

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <i>girl</i>	(4) Twin or Triplet <i>No</i> To be answered only in case of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 27, 1923</i> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Robt. Johnson Williams</i>			(14) NAME BEFORE MARRIAGE <i>Beryl Francis Brinkley</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greenwood, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenwood, S.C.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>32</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>28</i> (Year)	
(12) BIRTHPLACE <i>Wes. Greenwood, S.C.</i>			(18) BIRTHPLACE <i>Augusta, Ga.</i>	
(13) OCCUPATION <i>Machine</i>			(19) OCCUPATION <i>Buff. Rpt. & Charge Domestic at home</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *3 P. M.*, on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *R. S. Fuller*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Greenwood, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 10, 1923*

(28) 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.

RECORDING OF BIRTHS IS A PERMANENT RECORD. WHEN PLACED IN A BIRTH RECORD, IT IS NOT TO BE REMOVED. WHEN PLACED IN A BIRTH RECORD, IT IS NOT TO BE REMOVED. WHEN PLACED IN A BIRTH RECORD, IT IS NOT TO BE REMOVED.