

(1) PLACE OF BIRTH

County of DenmarkTownship of Denmark

or

Inc. Town of DenmarkCity of Denmark

(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

Registration District No. 400

File No.—For State Registrar Only

9979

Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child

Flora Eva Williams(3) BOY or GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH (Name) (Month) (Day) (Year) Apr 6 1922

FATHER

(8) FULL NAME Paul Williams(9) PRESENT POSTOFFICE OF FATHER Denmark, S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY (Years) 28(12) BIRTHPLACE DENMARK(13) OCCUPATION Rail Road Hand(14) NAME BEFORE MARRIAGE Rosa Lee Drowning(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY (Years) 26(18) BIRTHPLACE DENMARK

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at H.A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Evelyn Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife DENMARK, 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 Apr 8 1922 (28) J. H. Coover 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.