

(1) PLACE OF BIRTH

County of JeffersonTownship of Jefferson

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1206Registered No.
(For use of Local Registrar)

732

(2) Full Name of Child David S. WilliamsIf child is not yet named, make
supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Report <u>Birth</u>	(3) Number of Child <u>1</u>	(4) Age of Mother <u>24</u>	(5) DATE OF BIRTH <u>Jan 19 1923</u>
(6) FATHER <u>Frank Williams</u>			(7) MOTHER <u>Janie Stullie</u>	
(8) PRESENT RESIDENCE OF FATHER <u>Papilaud S.C.</u>			(9) PRESENT RESIDENCE OF MOTHER <u>Papilaud S.C.</u>	
(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>47</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>36</u>	(14) BIRTHPLACE <u>S.C.</u>
(15) OCCUPATION <u>Farmer</u>			(16) OCCUPATION <u>House-keeping</u>	
(17) Number of children born to mother, including present birth <u>1</u>			(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (How A. M. or P. M.)(21) (Signature) Chas. Williams(22) State whether Physician or Midwife MD(23) Address of Physician or Midwife Papilaud S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is answered "No.")

(25) Filed 1/20 1923 (26) (Signature of 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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