

## 1) PLACE OF BIRTH

County of FlorenceTownship of Jeffersonor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18587

Registration District No. 2004Registered No. 35  
(For use of Local Registrar)

(No. .... St.; .... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marie May Williams

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

3) BOY OR GIRL girl

4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplets(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ben Williams

(9) PRESENT POSTOFFICE OF FATHER

Jefferson St

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 39  
(Year)

(12) BIRTHPLACE

Florence Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie McElveen

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 23  
(Year)

(18) BIRTHPLACE

Florence Co

(19) OCCUPATION

La

(20) Number of children born to mother, including present birth

7

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James L. Bonner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 3 1922

1922

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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Registrar

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