

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Lahaina

Inc. Town of .....

City of .....

(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 Only

19636

Registration District No. 201 Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Harriet Williams If child is not yet named, make supplemental report as directed

|                             |                                  |                                       |                                     |                                       |
|-----------------------------|----------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>None</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>July 1, 1923</u> |
|                             |                                  |                                       |                                     | (Name of Month) (Day) (Year)          |

|  |   |   |  |
|--|---|---|--|
| FATHER   |   | MOTHER  |  |
| (8) FULL NAME <u>Rowland Williams</u>                                    | (14) NAME BEFORE MARRIAGE <u>Beatrice Harman</u>                                    | (9) PRESENT POSTOFFICE OF FATHER <u>Columbus Ohio</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Springfield, Ill.</u> |
| (10) COLOR OR RACE <u>Negro</u>  | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years)   | (16) COLOR OR RACE <u>Negro</u>                       | (17) AGE AT LAST BIRTHDAY <u>27</u> (Years)                |
| (12) BIRTHPLACE <u>South Carolina</u>                                    | (18) BIRTHPLACE <u>South Carolina</u>   | (13) OCCUPATION <u>Not known</u>                      | (19) OCCUPATION <u>Laborer</u>                             |
| (20) Number of children born to mother, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |   |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 5:20 P. M. on the date above stated.

(23) (Signature) Margaret Staley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Springfield, Ill.

Name added from a supplemental report

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Registrar

(26) Witness Margaret Staley

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

(27) Filed July 3, 1923 (28) Margaret Staley Local Registrar

If 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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