

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
 Township of Laurens
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42908

Registration District No. 2401 Registered No. 111
 (For use of Local Registrar)

City of (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 Fred Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Williams
 (9) PRESENT POSTOFFICE OF FATHER Princeton SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE SC
 (13) OCCUPATION Lab
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Hanna Morgan
 (15) PRESENT POSTOFFICE OF MOTHER Princeton SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE SC
 (19) OCCUPATION Lab
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at 4:31 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Richard Williams (25) Address of Physician or Midwife Princeton SC
 (24) State whether Physician or Midwife

Given name added from a supplemental report
See affidavit
3/11/44 L. A. R.
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by Registrar)
 (27) Filed 12/31 22 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.

MEDIUM OF COLUMBIA, COLUMBIA, S. C.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 TO BE ANSWERED ONLY IN EVENT OF TWINS OR TRIPLETS.