

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Ladsonor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

42908

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

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
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Williams

(9) PRESENT POSTOFFICE OF FATHER

Pineland 10

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Lab. man

MOTHER.

(14) NAME BEFORE MARRIAGE

Hanna Morgan

(15) PRESENT POSTOFFICE OF MOTHER

Pineland 10

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Lab. man

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

3

(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...
on the date above stated.(23) (Signature) Richard Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pineland 10

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 in blank)

(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.