

(1) PLACE OF BIRTH

County of MarlboroTownship of Marlboroor
Inc. Town of.....or
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

Resetta Gordon Williams

3) BOY OR GIRL

Boy

(4) Twin or Triplet?

1
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

9/10/22
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME

J. Murrey Williams

3) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C. P.M.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Marlboro County

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie M. Finney

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C. P.M.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Mar. Carolina

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Bennettsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct. 10, 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31285

Registration District No. 3301Registered No. 171
(For use of Local Registrar)

(No. St.; Ward)

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