

No. 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. -- For State Registrar Only	
County of <u>Berkly</u>		STATE OF SOUTH CAROLINA		3327	
Township of <u>2d</u>		Bureau of Vital Statistics			
Inc. Town of <u>Jamieson</u>		State Board of Health			
City of		Registration District No. <u>721</u>		Registered No. <u>15</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Abram Williams</u>					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 30th 1922</u>	
(If child is not yet named, make supplemental report as directed)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Abram Williams</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Bennett</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mount Holly, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mount-Holly, SC</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>48</u>			(17) AGE AT LAST BIRTHDAY <u>24</u>		
(12) BIRTHPLACE <u>Boone Creek, SC</u>			(18) BIRTHPLACE <u>Boone Creek, SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>eight</u>			(21) Number of children of this mother now living, including present birth <u>eight</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Mary Richards</u> at <u>12 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Born alive</u>		(24) State whether Physician or Midwife <u>midwife</u>			
(25) Address of Physician or Midwife <u>Mount Holly, SC</u>					
Given name added from a supplemental report		(26) Witness <u>Amie Middleton</u>			
		(27) Filed <u>11th 1922</u>			
		(28) <u>R. G. Harrell</u> Local Registrar			

819 See next frame