

(1) PLACE OF BIRTH

County of Aiken

Township of

or

Inc. Town of

or

City of Aiken

(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 Register Only

26817

Registration District No. R.R.Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Leona Williams

If child is not yet named, make supplemental report as directed

(3) SEX OR

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Married

(7) DATE OF

BIRTH Sept 22 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Williams

(9) PRESENT POSTOFFICE OF FATHER

Aiken

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 22

(Year)

(12) BIRTHPLACE

Aiken S.C.

(13) OCCUPATION

farmer.

MOTHER.

(14) NAME BEFORE MARRIAGE

Estlin Hordges

(15) PRESENT POSTOFFICE OF MOTHER

Aiken

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 21

(Year)

(18) BIRTHPLACE

Edgefield S.C.

(19) OCCUPATION

Housewife

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

1 or 2

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

1 or 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Davis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mary Davis

Given name added from a supplemental report

19
Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed 10/21/25 (28) M. Ashurst 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.