

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20755

Registration District No. 4600

Registered No. 76

(For use of Local Registrar)

(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

Laurie Williamson

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

3 BOY OR GIRL Girl	4 Twin or Triplet? 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 July 23 1922 (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Ben Williamson

9 PRESENT POSTOFFICE OF FATHER Appleton

10 COLOR OR RACE Negro

11 AGE AT LAST BIRTHDAY 34 (Years)

12 BIRTHPLACE S.C.

13 OCCUPATION Farm Laborer

20 Number of children born to mother, including present birth 5

MOTHER.

14 NAME BEFORE MARRIAGE Elona Heyward

15 PRESENT POSTOFFICE OF MOTHER Appleton S.C.

16 COLOR OR RACE Negro

17 AGE AT LAST BIRTHDAY 29 (Years)

18 BIRTHPLACE S.C.

19 OCCUPATION Farm Laborer

21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... at 5:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Branch & Son

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Appleton S.C.

Given name added from a supplemental report

(26) Witness F. H. Boyd M.D.

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

(27) Filed July 29 1922 (28) F. H. Boyd M.D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5