

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of Center
or
Inc. Town of Richland
or
City of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
27788

Registration District No. 3807 Registered No. #758
(For use of Local Registrar)

(2) Full Name of Child Frank Williams

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Williams
(9) PRESENT POSTOFFICE OF FATHER Lykes Land S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE Richland S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 4

MOTHER. GLOVER
(14) NAME BEFORE MARRIAGE Georga Glover
(15) PRESENT POSTOFFICE OF MOTHER Lykes Land S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE Richland S.C.
(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 at h. a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lykes Land S.C.

Given name added from a supplemental report
See affidavit
22/11/43 L.A.C.
Registrar

(26) Witness A. B. O. Hill
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 26 1922 (28) A. B. O. Hill
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.