

THIS IS A PERMANENT RECORD
 PRINTED ON IMPERISHABLE PAPER
 SEPARATE BLANK FOR EACH CHILD, and mark the
 CHILD, No. 1. THE OTHER, No. 2, etc., in question 5.
 Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>Colleton</u> Township of <u>Windsor</u> or Inc. Town of or City of (No.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 918 </div>	
Registration District No. <u>1409</u>		Registered No. <u>20</u> (For use of Local Registrar)			
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
(2) Full Name of Child <u>John Lee Williams</u>					
(3) BOY OR GIRL <u>Boy</u>		(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>		(5) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>June 8 1922</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Williams</u>			(14) NAME BEFORE MARRIAGE <u>Annie Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pitts S. C. A. 4. 8</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pitts S. C. A. 4. 8</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 P. M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Annie Garrison</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Midwife Wallace R. D.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
(27) Filled by <u>John D. Williams</u> Local Registrar			(28) <u>Do Not Write</u> 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.					