

## (1) PLACE OF BIRTH

County of Thurston  
 Township of Cherokee

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23944

Inc. Town of Cherokee Registration District No. Registered No. 82.84  
 (For use of Local Registrar)  
 City of Cherokee (No. 1 St. 1 Ward 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William H. Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 13 1923  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME James H. Williams  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 3 (Years)  
 (12) BIRTHPLACE Cherokee S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

MOTHER  
 (15) NAME BEFORE MARRIAGE John Williams  
 (16) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.  
 (17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 24 (Years)  
 (19) BIRTHPLACE Cherokee S.C.  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Cherokee S.C. on the date above stated. (Hour A. M. or P. M.) 7:15 M.

(23) (Signature) William H. Williams

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

(26) Witness L. E. Burt (Signature of Witness necessary only when question 23 is signed by male)

(27) Aug. 10, 1923 (28) P. B. Ingram 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.

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