

(1) PLACE OF BIRTH

County of Darlington
 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

41964

Registration District No. 150.1 Registered No. 105
 (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 Gladys Williamson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bennie Williamson

(9) PRESENT POSTOFFICE OF FATHER Darlington R.

(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lee

(15) PRESENT POSTOFFICE OF MOTHER Darlington R.

(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Gladys at 3 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature of Physician or Midwife William L. Liden (24) Name of Physician or Midwife William L. Liden (25) Address of Physician or Midwife Darlington

Given name added from (a)
 and request

(26) Signature of Witness necessary only when question 22 is signed by M.D. Ed. Early
 Local Registrar

*When there was no physician or midwife, the mother should make this return. If a child is born, the mother should make this return.