

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16651

County of

Township of

or

Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Frank Lee Williams (If child is not yet named, make supplemental report as directed)BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

MAY 12, 1922
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Mack C. Williams

PRESENT POSTOFFICE OF FATHER

Spartanburg SC

COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE

Groveville SC

OCCUPATION

Chaffer

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

four

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Bell Woodland

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg SC

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

Blair

(19) OCCUPATION

Domestic

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

three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:25 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jannie Wilson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

61. E. Hampton Ave

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22(28) Jas. Cooper
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.