

(1) PLACE OF BIRTH

County of Florence
 Township of Gambel Roads
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 20964
 Registered No. 16

Registration District No. 211.5 Registered No. 16
 (For use of Local Registrar)

City of (No. St.; Ward)
 (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. Nayer (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD ♂ (4) TWIN or TRIPLE No (5) NUMBER IN ORDER OF BIRTH 1 (6) DATE OF BIRTH July 2, 1923
 To be entered only in case of Twin or Triple

FATHER
 (7) FULL NAME Willie Nayer
 (8) PRESENT POSTOFFICE OF FATHER Tennonville
 (9) COLOR OR RACE B (10) AGE AT LAST BIRTHDAY 23
 (11) BIRTHPLACE Williamsburg Co
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 2

MOTHER
 (14) FULL NAME Gamie L. Williams
 (15) PRESENT POSTOFFICE OF MOTHER Tennonville
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Florence Co
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was Alive 2 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Martha Wilson
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Tennonville S.C.
 (25) Witness Mrs. J. H. Humphrey
 (Signature of Witness necessary only when question 21 is signed by mark)
 (26) Filed Aug. 1, 1923 (27) 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.