

(1) PLACE OF BIRTH

County of Yusburg
 Township of Perish
 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

9470

Registration District No. 4308 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 Clifiah Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 3, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Red Williams

(9) PRESENT POSTOFFICE OF FATHER Salters Depot, R.S.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Williamsburg co. S.S.

(13) OCCUPATION farm laborer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Ella Jenson

(15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Williamsburg co. S.S.

(19) OCCUPATION farm laborer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was: Born alive at 6 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jane Scott(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Salters Depot, R.S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 10, 1922(28) A. R. Moseley

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.