

## (1) PLACE OF BIRTH

County of CharlestonTownship of JamesInc. Town of W. H. Williams

OF

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

James

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Sept 15 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James

(9) PRESENT POSTOFFICE OF FATHER

W. H. Williams

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

60  
(Year)

(12) BIRTHPLACE

W. H. Williams

(13) OCCUPATION

Day Labor

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Brown

(15) PRESENT POSTOFFICE OF MOTHER

W. H. Williams

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

40  
(Year)

(18) BIRTHPLACE

W. H. Williams

(19) OCCUPATION

Day Labor

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, born alive, at 11 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeW. H. Williams

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 21 1923

(28)

W. H. Williams

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.

Form No. 1, 1923. See also Form No. 2, etc., in question 1.

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27563