

Form No. 1

(1) PLACE OF BIRTH

County of AdamsTownship of Hess

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26796

Registration District No. 1. A. 4. Registered No. 4. 3.....
(For use of Local Registrar)(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 Osim Williams If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be reported only in event of Twin or Triplet	(3) Number in order of birth <u>2</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>July 8, 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. H. Richardson(9) PRESENT POSTOFFICE OF FATHER Hess West & C(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Alabama(13) OCCUPATION Barber(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Williams(15) PRESENT POSTOFFICE OF MOTHER Hess West & C(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Alabama(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Adams at 10. 2. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hess West & C

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)Date Oct. 10, 1923 (28) J. H. Brown
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child branches from the mother, it should be reported as stillborn. No report is desired of stillbirths from the month of pregnancy.