Form No. 1

(1) PLACE OF BIRTH

County of Dorchester

Township of Ladson Pond

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
40945

Registration District No. 402 Registered No. 77
(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 Lizzie Ellen

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	December 31, 1922

FATHER.

(8) FULL NAME Jerry Williams

(9) PRESENT POSTOFFICE OF FATHER Dorchester S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Rayson

(15) PRESENT POSTOFFICE OF MOTHER Dorchester S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(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 alive at 7 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Williams Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Dorchester

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 1/6 1923 (28) J. C. Sawyer
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.