

(1) PLACE OF BIRTH

County of AndersonTownship of Garconor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 310

File No.—For State Registrar Only

5897

Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Francis Williamson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Milburn</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S C H</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S C H</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:44 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)
P. J. Allard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Liberty S C H

Given name added from a supplemental report

(26) Witness
Liberty S C H

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4/10 1923(28) H. J. Conner
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.