

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2310

Registration District No. 360 Registered No. 1089

(For use of Local Registrar)

City of Columbia (No. 606 Water St. St. Ward)(2) Full Name of Child L. Lee Roy Williams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Year 24 Month 12 Day 22

FATHER.

(8) FULL NAME John Williams(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE St. Matthews S.C.(13) OCCUPATION Common Labor(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Leather Murphy(16) PRESENT POSTOFFICE OF MOTHER Columbia(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE St. Matthews S.C.(20) OCCUPATION House Keeping(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 Alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife 1507 Huger St.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 181

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(26) Witness Louise Wallace

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

(27) Filed 2-11 1924 Col. C. C. C.

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

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