

(1) PLACE OF BIRTH

County of WilliamsTownship of 6or
Inc. Town ofor
City of

(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

Registration District No. 4600No. 31452Registered No. 130
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Hermon Williams

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

(3) SEX OR CHILD <u>Boy</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>Nov 23</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hermon Williams</u>			(10) NAME BEFORE MARRIAGE <u>Edith Butler</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Williams 26</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Williams 26</u>	
(12) COLOR OR RACE <u>Negro</u>			(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(14) BIRTHPLACE <u>26</u>			(15) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(16) OCCUPATION <u>Farm Labor</u>			(17) BIRTHPLACE <u>26</u>	
(18) OCCUPATION <u>Farm Labor</u>			(19) OCCUPATION <u>Farm Labor</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 M.,
on the date above stated. (Born after birth) (Hour A. M. or P. M.)(23) (Signature) Michael S. Case

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Williams 26Given name added from a supplement-
tal report(26) Witness F. H. Boyd MD
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Nov 31 1923 (28) J. H. Boyd MD
Local RegistrarWhen 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.