

(1) P

(1) PLACE OF BIRTH

County of Lexington
Township of Black Creek
or
Inc. Town of Pelina
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39237

Registration District No. 3100 Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child James Lancelot Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lancelot Williams

(9) PRESENT POSTOFFICE OF FATHER Pelina

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)

(12) BIRTHPLACE York

(13) OCCUPATION Post Master

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Reider

(15) PRESENT POSTOFFICE OF MOTHER Pelina

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE Lexington

(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 Born alive at 12:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. Hutton D. Pelina

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

Given name added from a supplemental report

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

(27) Filed Dec. 12, 1922 (28) G. C. Gantt
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.