

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Clinton  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File for State Register Only  
22734

Registration District No. 4107Registered No. 68  
(For use of Local Registrar)

City of ..... (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 Renner Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married no (7) DATE OF BIRTH July 24, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Caron Boster (9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year) (12) BIRTHPLACE Clarendon Co (13) OCCUPATION Public Work (14) NAME BEFORE MARRIAGE Caroline Wilson (15) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year) (18) BIRTHPLACE Clarendon Co (19) OCCUPATION Farm Laborer (20) Number of children born to mother, including present birth 1 (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 at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alace Williams(24) State whether Physician or Midwife Midwife(25) Signature of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) S. M. Wilson

(27) Filed 7-30-23 at Shiloh, S.C. 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.