

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
County of .....		Registration District No. .... H. 1. 0		Registered No. .... 2. 2. 3..	
Township of .....				(For use of Local Registrar)	
Inc. Town of .....		City of <u>Sumter S.C.</u> (No. <u>122 Drew</u> St.; <u>4</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Willie Francis Williams</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 13, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Williams</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Drew</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hartville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Hartville S.C.</u>			(18) BIRTHPLACE <u>Sumter S.C.</u>		
(13) OCCUPATION <u>Cook</u>			(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>Sept 13</u> at <u>9:30 p.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rebecca Zeiser 908 W. Bankette St.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>midwife.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Dec 7, 1922</u> (28) <u>D. O. Brown</u> 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.					

MOGAW OF COLUMBIA, B. C.